



DEPARTMENT OF HEALTH  
AND PUBLIC WELFARE

# ANNUAL REPORT

1936-1937

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REPORT NUMBER 14

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WINNIPEG, MANITOBA

Printed by James L. Cowie, King's Printer for the  
Province of Manitoba.

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# DEPARTMENT OF HEALTH AND PUBLIC WELFARE

## Annual Report, 1936-37

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# Annual Report of the Department of Health and Public Welfare for 1936-37

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Winnipeg, Manitoba,  
February 19th, 1938.

Honourable I. B. Griffiths,  
Minister of Health and Public Welfare,  
Legislative Building,  
Winnipeg, Manitoba.

Sir:

I beg to submit herewith a summary of the operations and activities of the Department of Health and Public Welfare for the calendar year ending December 31st, 1937.

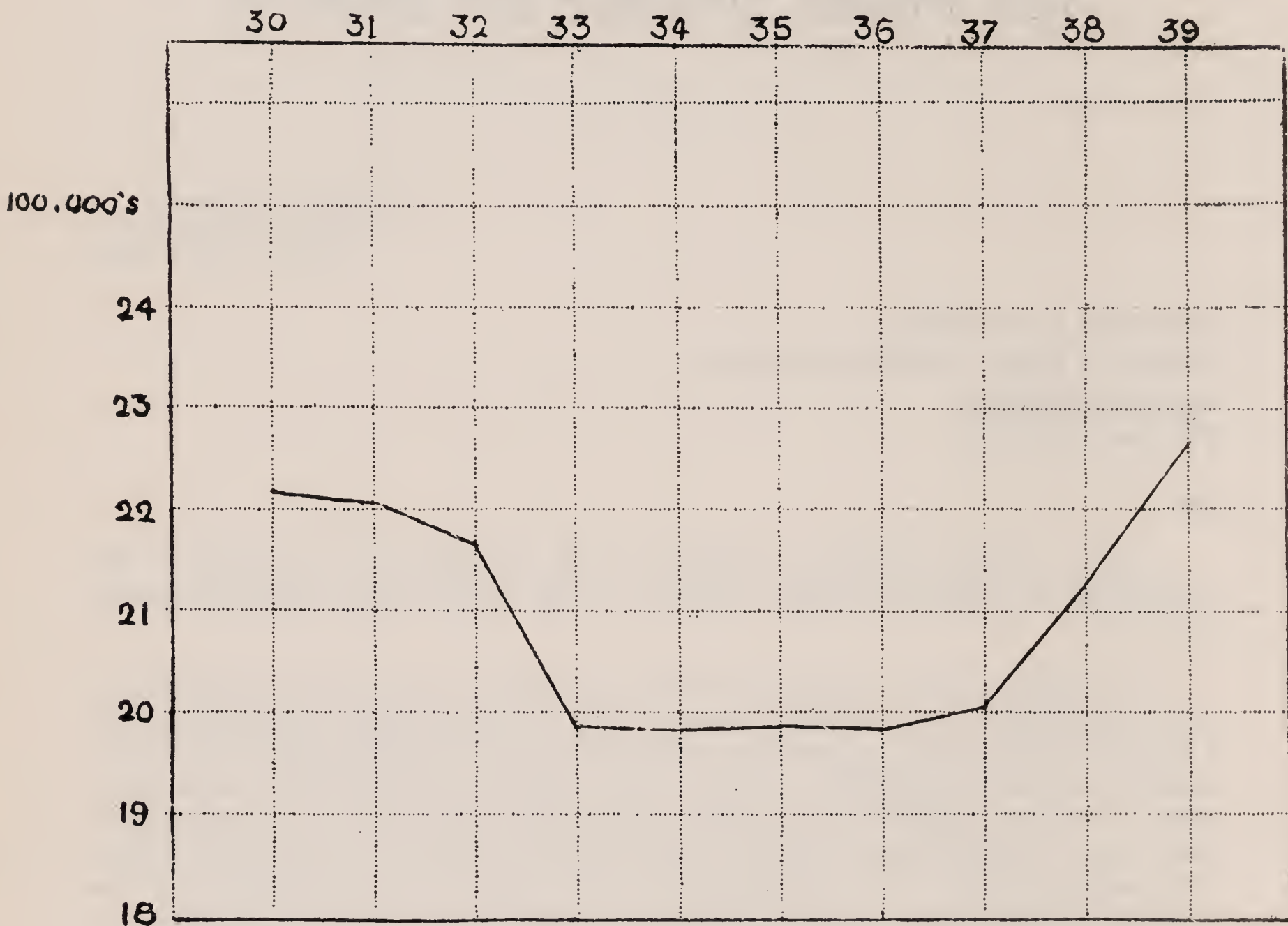
As prophesied in the summary presented just about a year ago the expenditures of the Department have materially increased and it would appear that this increase is likely to continue until such time as the social services now being delivered by the Department become applicable to all those who might be entitled to them. It is interesting to note in reference to all these social services that the only comparatively stable one is "Child Welfare"—which includes Mothers' Allowance, Neglected Children and Legal Supervision. In consideration of the estimates for this Division for the period of the last five or six years, all the costs for the expenditures in this connection seem to be more or less stabilized. Probably the explanation for this is that it is one of the oldest of the social services established in Manitoba and is now on a sound basis. The control of this service is in the hands of properly qualified social workers and we are of the opinion that this is essential for any type of social service if it is going to operate efficiently and with any degree of economy. It would seem if we are to continue other social services such as hospitalization, relief in unorganized territory, etc., that it would be advisable to attempt to have these services also controlled by the employment of properly qualified workers, as only in this way can waste be eliminated. We feel that this will not work a hardship on any deserving individual, but will tend to reduce to the minimum the payment of funds to those who are not entitled to them.

If one is to take a long range view of these expenditures for social services,—and one should do this,—one is convinced that the remedy is an increase in preventive measures in order that the expenditure of public funds for the unfortunate in our community will ultimately be reduced to the minimum. This not only includes the prevention of illness, etc., but also the prevention of social disintegration and unrest.

The following chart shows the increase in departmental expenditures and the greatest portion of this increase has been in the provision of services while very little increase has been made in our preventive programme:



CHART No. 1.  
EXPENDITURES DEPARTMENT OF HEALTH AND PUBLIC WELFARE,  
1930-1939. (1939 Estimated).



We will briefly summarize the activities of the several divisions of the Department and make some suggestions and recommendations in reference to each.

### CHILD WELFARE DIVISION

A perusal of the Annual Report of this division shows that the activities during the past year have been carried on as heretofore. Towards the close of the calendar year there has been some apparent let-up in the demands for assistance in reference to Mothers' Allowance and Child Care and Protection.

The Division of Legal Supervision, however, under whose jurisdiction come the "Unmarried Mother" and the "Illegitimate Child", shows, from year to year, an increasing case load. Vital Statistic reports indicate that there has been a slight, though steady increase in illegitimate births over the past 25 years. As the Recorder of Vital Statistics says, "this in part may be due to better registration," however, the consensus of opinion of all social workers seems to be that there is a definite increase.

As has been mentioned in previous annual reports this whole question has been given a considerable amount of study and your Executive Officer is of the opinion that a Governmental Agency is not the proper organization to deal with the "unmarried mother" and the "illegitimate child". At the present time our activities are



limited almost entirely to the securing of funds for the maintenance of the child of the "unmarried mother". Very little, if any, social work is done with the "unmarried mother" herself. This, we think, is one of the reasons why the percentage of illegitimate births continues to increase, which is evidenced by the fact that the "repeater" rate, or in other words the percentage of unmarried mothers with more than one child, also seems to be steadily on the increase. If the situation is to be improved at all something must be done looking towards the rehabilitation of the (unmarried mother. In my opinion, as stated before, this cannot be done effectively by a Governmental Agency and should be taken over by some of the well organized voluntary agencies in the community. Consideration has also been given to this matter by the Manitoba Branch of the Canadian Association of Social Workers, and some two or three months ago a report was presented to the Central Council of Social Agencies, recommending that consideration be given to having the Children's Aid Societies of Manitoba take over the whole problem of the "unmarried mother". Certain negotiations have been carried forward with this end in view, and it is hoped by your Executive Officer that within the course of the next year or two this will come about. We feel quite convinced that the Children's Aid Society in its own territory is in the best possible position, not only to take care of the child of the unmarried mother and see that it has its rightful chance in the community, but also through a proper type of social endeavor, to assist the unmarried mother to become rehabilitated and made a useful and respected member of society.

A move such as this, on the part of the Department, of referring to the voluntary agency an activity already started, probably will not result in any great reduction in departmental expenditures, but it should certainly simplify and improve the work of the Child Welfare Division.

The Children's Aid Societies in Manitoba continue to function satisfactorily and it is pleasing to note that the Children's Aid Society of Dauphin have under consideration the improvement and widening of their activities. It is hoped that the reorganization in this Society will not only improve the type of work in their community but will also relieve to some extent the work of the Division of Child Welfare and allow them to concentrate on the work of the section dealing with Mothers' Allowances. We believe that the more intense the social work in connection with Bereaved and Dependent children, the less likelihood there is of suffering among those whom we may be responsible for under the Act, and also less likelihood of advantage being taken of; or allowance being granted, or continued, to individuals who do not come up to, or will not conform with the provisions of the Act.

#### DIVISION OF DISEASE PREVENTION

During the past year there has been certain reorganization of the Division of Disease Prevention. Dr. C. R. Donovan, who held the position of Epidemiologist, was made Director of the Division of Disease Prevention, and Dr. M. R. Elliott, who was appointed to the staff of the Department during the year, took over the duties of Epidemiologist and Director of Industrial Hygiene.

During 1937, at the request of the Workmen's Compensation Board, the Department took over the certification of all employees in industries in which Silicosis may be a hazard. This necessitated a complete survey of all miners working underground in Manitoba. This was done during the summer months. It is expected that the second yearly check up, as required under the regulations of "The Public Health Act", will be completed immediately after the Spring break-up. The working arrangement with the Workmen's Compensation Board is all that can be desired, and we feel that the set-up in connection with this industrial hazard in Manitoba compares most favor-



ably with all others now in operation on the North American continent. We feel convinced that the Act will be administered with fairness to everyone and that the amount of Silicosis developing, or the amount of disability therefrom, will be limited to the minimum. It is hoped that the section of Industrial Hygiene, under which this work comes, will be of real service in all industries to both employees and employers in eliminating or controlling other industrial hazards.

During 1937 there was a recurrence of the epidemic of Infantile Paralysis. Fortunately, however, the total number of cases reported was approximately only one-half of those reported in 1936, and it is interesting to note that the most severely hit municipalities were those which escaped the previous epidemic. (See Table No. 2, Page No. 119.)

The record in reference to Diphtheria in 1937 was the best in the history of the Province. There were during the year only 103 cases reported, with a total number of 8 deaths up to the end of November. With the continuance of the immunization programme now being carried out throughout the Province we should see, in the course of the next few years, a complete elimination of Diphtheria as a cause of death. During 1937, approximately 17,000 individuals were immunized and as this is well over the average yearly birth rate, a continuation of the programme will ultimately mean the complete immunization of that portion of our population who may be susceptible to Diphtheria. (See Table No. 6 and Table No. 14, pages 120 and 125.)

It is quite evident from reading the complete report of the Division of Disease Prevention that our greatest efforts in this connection will have to be directed to the younger aged groups, particularly children between the ages of one and five.

The reporting of cases of Cancer occurring in the Province during the past year was exceedingly good; there being a total of 1,171 cases reported as compared to 762 deaths in 1936. The increased activities of the Cancer Relief and Research Institute is, no doubt, partly responsible for this, and the public education now being carried on should, within the course of a very few years, bring about the desired effect of having people seek diagnosis and treatments early in the course of illness when the possibility of cure is greatest.

The work of the Sanatorium Board in the control of Tuberculosis continues unabated and during the year a beginning was made in a survey of this disease amongst the Indians. It would look as if an effectual programme of Tuberculosis control in the Indian population will be inaugurated during 1938, by the Federal Government through the Manitoba Sanatorium Board. We believe that once such a programme is in operation there will be a very definite improvement in the death rate of this disease amongst the white population.

During the past year there has been a very considerable increase in the amount of work done by the Provincial Laboratory and in order that Dr. F. T. Cadham might more effectually cope with the increased demands, an Assistant Provincial Bacteriologist was appointed. This appointment is long overdue and relieves Dr. Cadham of a lot of the routine work.

Venereal Disease continues to be the problem it has been in other years. However, during the past year we were fortunate in being able to do a considerable amount of public education in connection therewith. 85 locals of Women's Institutes besides 44 other study groups put on, under the auspices of the Department, a detailed study of Venereal Disease and its ramifications. We also were able to give a series of three talks over the radio on these conditions as they affect our population. This



has resulted in an increased number of people seeking advice, diagnosis and treatment and will, we believe, do much towards giving our populace an unbiased and proper perspective as to these diseases.

It is hoped during the coming year to increase the facilities at the Clinic in the St. Boniface Hospital and to also make some provision outside of the City of Winnipeg for more adequate care and treatment. Indications point to the fact that it is just possible that the Federal Government's grant towards the control of Venereal Disease may be restored and if this is so, we will be in a position to establish a really worthwhile programme.

### SANITATION

The Division of Sanitation continues to function very satisfactorily despite the limited number on the staff. The rural parts of the Province are taking a great deal more advantage of the service this Division has to offer, and the amount of work being requested is almost beyond the limits of the Division. However, it is anticipated extra personnel will be obtained this year to relieve the situation.

It seems to be a desire of rural dwellers to obtain and follow advice in respect to a proper sanitary environment. This in itself will not only have a definite bearing on reducing the amount of ill-health, but will also do much towards improving and making more adequate living conditions in general. .

### FOOD CONTROL

During the year the Division of Food Control carried on a general survey of restaurants in Manitoba. A report of this survey is included in the complete Annual Report of the Division. It indicates, as one might expect, that the poorest type of restaurant is situated in the smaller villages and hamlets. It would seem that some consideration should be given to licensing restaurants and other eating places in order that health hazards incidental to food might be limited to the minimum. t

This Division also carried out as in former years the supervision of all raw milk being shipped to pasteurization plants in Winnipeg. It would seem from the report that there has been a general and steady improvement in the sanitary quality of milk being received at the pasteurization plants and in this connection, within a year or so the milk supply of Greater Winnipeg should be on a par with other cities in Canada.

It is hoped during the coming year that it will be possible to spend some time on checking up on pasteurization plants so as to ensure that the pasteurizing process is adequate to safeguard the City's milk supply. It is also hoped and expected that during the course of the year pasteurizing may be made compulsory within the City of Winnipeg. This will eliminate some undesirable features pertaining to the sale of raw milk, and we also believe will improve the general standard and quality of the milk being delivered to the citizens of the City.

### PUBLIC HEALTH NURSING SERVICE

The Public Health Nursing Service continued to carry on during the past year with the same number on the staff as in previous years. Some new requests from Municipalities were received for a nursing service and these were provided. As you know a considerable portion of the activities of this Division is devoted to extending the Nursing Service in Unorganized Territory where medical facilities are at the minimum, or non-existent. The Public Health Nurse in the dried-out area was continued as a full responsibility of the Department during the past year. With the im-



provement in the crop situation in that area it is expected that the Municipalities which the Nurse serves, will this year contribute towards her maintenance.

### DENTAL CLINICS

As was stated in last year's report, one of the major activities assisted in by the Nursing Service was the provision of Dental Services by the Canadian Foundation for Preventive Dentistry in those districts in which dental attention was not readily available. We believe that this service is established on a proper footing in that the individuals themselves of the community which each Clinic serves, subsequent to the first yearly clinic, are asked to contribute a considerable portion, if not all, of the cost of the service. During the year 65 dental clinics were held with a total attendance of 4,279. These clinics were held under the auspices of either the local branch of the Women's Institutes, or the local School Board.

### TUBERCULOSIS TRAVELLING CLINICS

As before, the nurses also assisted in all the work of the Tuberculosis Travelling Clinics, and carried on the supervision of families in the Province in which there is, or has been, cases of tuberculosis.

### CENTRAL TUBERCULOSIS REGISTRY

There was established during the year at the Central Tuberculosis Clinic in Winnipeg, a Central Tuberculosis Registry under the direct control of the Nurse Supervisor of Tuberculosis. It is now possible through this Registry to obtain accurate data in respect to Tuberculosis in Manitoba, not only as to the number of cases and deaths, the number of contacts of cases or deaths, but also in reference to this information as it pertains to municipalities, or groups of municipalities. Information is also readily available as to when contacts were last examined together with the result of the examination. In addition to this, information is being compiled as to home environment, etc. At the present time any agency in the Province may obtain information from this Registry as to any given case, or cases, of Tuberculosis. This will be of great assistance, not only to the Sanatoria, but also to other social agencies which from time to time have to deal with families in which here are cases of Tuberculosis.

### PUBLIC HEALTH EDUCATION

During the latter few months of the year, at the request of the Extension Service of the Department of Agriculture, there was established by the Bureau of Public Health Education, a course on Home Nursing and First Aid, for group leaders of the Women's Institutes in the Western part of the Province. This service is still in operation and seems to be filling a real need in these rural communities. It is hoped that the Instructor now in charge of this work may be continued in similar education activities in future years.

It is the intention of the Department with the beginning of the new fiscal year to have the services of a lady physician with special training in Public Health, to assist with Health Education, particularly as it pertains to maternal and child welfare.

### INCREASED NURSING STAFF

It is hoped also with the beginning of the new fiscal year to increase the nursing service in order that the districts in unorganized territory may be made smaller and



thereby a more intensive service can be given those individuals who have little or no medical facilities available.

During this coming year the Department expect to materially expand the activities of the Division of Disease Prevention, this will be in the direction of—

- (a)—Industrial Hygiene.
- (b)—Sanitation.
- (c)—Food Control.
- (d)—Health Education.
- (e)—Public Health Nursing Service in unorganized territory.

We are more than ever convinced with the passing of the years, as I have stated before, that if any adequate control or curtailment of the funds now being spent for social services is to be obtained we must increase to the maximum Disease Prevention.

### HOSPITALIZATION

As was expected, the cost of hospitalization to the Department, continued to increase in 1937 as it had in the previous year, and the amount of money now required for this service is approximately One-Half Million Dollars. Representations have been made to the Department that there should be some reconsideration of the per diem capita grant to hospitals, looking towards some graduation of the amount of this grant depending upon the type of service rendered by the various hospitals. It would seem that the Manitoba Hospital Association might be requested to make a detailed survey of the hospital situation in Manitoba and indicate to the Department just into what classification each hospital falls, in order that if, and when, consideration is given to the scaling of the grant, depending upon the service rendered, the Department would have available some adequate information in order to intelligently set up its proposed scale of grants.

### PSYCHIATRY

As in previous years complete reports of the four institutions operating under this Division are contained in the Annual Report tabled in the House; these, of course, pertaining to the fiscal year. In future, under the new Amendments to the "Act, respecting the Department of Health and Public Welfare," these reports insofar as statistics are concerned will be by calendar year. The Division continues to operate at high pressure and considerable difficulty has been experienced in obtaining accommodation for all those who require care in mental hospitals.

The situation is becoming very acute, both at the Hospital for Mental Diseases at Selkirk, and at the Manitoba School for Mental Defectives at Portage la Prairie. However, this year will see the provision of some sixty beds at the Manitoba School which will give some relief to the pressure in reference to the care of mental defectives. However, consideration must be given immediately to further provision for cases of mental diseases within the Province and it would seem logical in order to limit the expense that this extra accommodation should be provided at Selkirk.

The following is a summary of the general statistics in reference to patients in the two hospitals for mental diseases, and it is interesting to note that a considerable number of patients are being discharged each year as "recovered" or "improved".

	Men	Women	Total
Remaining in hospital April 30th, 1936 .....	1,273	946	2,219
Admitted during the year .....	390	391	781
Total under treatment .....	1,663	1,337	3,000
Discharged .....	179	173	352
As "recovered" .....	73	62	135
As "much improved" .....	33	34	67
As "improved" .....	48	41	89
As "unimproved" .....	13	26	39
(transfers not included)			
As "Not Psychotic" .....	10	9	19
Deportations .....	2	1	3
Transfers between hospitals .....	111	116	227
Deaths .....	77	59	136
Elopements .....	4	0	4
% discharged of number under treatment .....	10.76	12.94	11.73
% discharged of number admitted .....	40.77	44.27	42.52
% died of number under treatment .....	4.58	4.37	4.49
Remaining in hospital April 30th, 1937 .....	1,287	998	2,285

### PUBLIC INSTITUTIONS AND RELIEF

During the year just ended we expect the collections for maintenance of patients in our mental institutions will show improvement over the previous year. Outstanding balances on the ledger with reference to accounts for maintenance in the four institutions still remain at a very high figure, but it is hoped that consideration may be given this year to all the outstanding accounts in order that those, where there is no chance of payment, may be written off and a proper collectible amount brought forward.

### CARE OF AGED AND INFIRM

The care of the Aged and Infirm still continues to be an ever increasing burden and your Executive Officer is of the opinion that the total cost of the care of these people should be the responsibility of the municipalities; and that in lieu of our contribution to the care of the Aged and Infirm the Government should take over, in whole, the care of mentally defective persons, which is now a joint responsibility between the Municipality and the Department.

### SOCIAL ASSISTANCE IN UNORGANIZED TERRITORY

During the year just past, relief in unorganized territory has been removed from the direct jurisdiction of the Fiscal Supervisor and established as the Division of Social Assistance in Unorganized Territory. With the more stringent regulations now imposed by the Federal Government in respect to payments for unemployment relief, it is expected, and is even now apparent, that the expenditures for assistance in unorganized territory will be materially increased during the year. As is well known, the Dominion Government will only contribute relief in the cases of employable persons. With the increase in the age of our population and the tightening up of the classification of what an "employable person" is, we are bound to find an increased responsibility in unorganized territory for the care of unemployable persons.

### VITAL STATISTICS

The work of the Division of Vital Statistics continued to increase during the past year, and it was found necessary to place on the permanent staff a temporary em-



ployee. Fortunately, from the financial standpoint, the increase in the amount of work in this Division also means an increase in revenue. This increase in work and revenue is due, as stated before, to the increased requirements year by year for birth, marriage and death certificates.

### GENERAL

During the past year the services of the Department have been further co-ordinated and the present set up, as indicated in the estimates just approved by the House, gives a true picture of the Department as a whole and its several Divisions. We believe that the rapid advance in the sum of knowledge regarding preventive medicine will be of use, not only to the citizens of this Province, but also will be of definite value to the Government itself in limiting to the minimum expenditures in respect to the care of those who now through lack of proper supervision or medical attention become totally, permanently or partially incapacitated and as a result become the responsibility of the State.

### RECOMMENDATIONS

- 1—THAT it is absolutely essential that consideration be given within the next two years to increase accommodation for cases of mental disease. (This increased accommodation could be most economically established at Selkirk.)
- 2—THAT an extension, as rapidly as conditions will permit, of the Mental Hygiene Clinics now operating from the Brandon Hospital for Mental Diseases should be made so the whole Province would be covered.
- 3—THAT increased accommodation should immediately be provided for the care of mental defectives, and the most economical plan would be the establishment of a farm colony for boys. (At the present time we have on our waiting list well over 100 individuals, whose papers have been completed for admittance to the Manitoba School for Mental Defectives.)
- 4—THAT an increase, as rapidly as finances will permit, should be made in the personnel of the Division of Disease Prevention, with particular reference to the appointment of Public Health Nurses, Sanitary Inspectors, and Food and Dairy Inspectors. (It is particularly urgent that the Public Health Nursing Staff be increased in order that the service they give may be carried to all Rural Manitoba.)
- 5—THAT we extend the present programme in reference to the control of Venereal Diseases by the establishment of more clinic periods in Greater Winnipeg and by like services at several other strategic points in the Province. (This will be accomplished if the Federal Grant for Venereal Disease is re-established.)

I would like to bring especially to your attention the continued splendid service rendered to the Department and people of the Province by the Chairmen and members of our three voluntary Boards, namely:

Provincial Board of Health  
Child Welfare Board  
Welfare Supervision Board.

It is extremely satisfying to this Department to have these Boards to refer to in case of doubt, and we trust that they will continue to serve us in the future as in the past.

May I extend to you, Sir, the sincere appreciation of myself and every member of the staff of the Department of Health and Public Welfare, for your keen interest in the work of the Department, and your help in our many intricate problems; and I trust that we may continue in the future to merit your fullest support.

All of which is respectfully submitted,

I have the honour to be, Sir,

Your obedient servant,

F. W. JACKSON, M.D., D.P.H.,  
Deputy Minister of Health and Public Welfare.



# Welfare Supervision Board

---

The Honourable I. B. Griffiths,  
Minister of Health and Public Welfare,  
Legislative Buildings,  
Winnipeg, Manitoba.

Sir:

The members of the Welfare Supervision Board beg to submit, herewith, the Report of the Board for the year ending April 30th, 1937. This Board is appointed by the Government of Manitoba under the provisions of the Welfare Supervision Act passed in 1919 and proclaimed by Order-in-Council Number 35906, on January 25th, 1921, and amended in 1923. The membership of the Board is composed of the following:

Dr. E. S. Moorhead, Chairman  
Mr. R. D. Guy, K.C., Vice- Chairman  
Mrs. Digby Wheeler  
Miss Amy J. Roe  
Mrs. Robert Darrach

Dr. G. F. Stephens  
Mr. John Spalding  
Mr. M. D. Grant  
Mr. Wm. English.

Following the practice of former years, the Board outlines its annual report by making brief comments on the more important matters considered during the fiscal year.

## 1. GRANTS.

In preparing for the annual grants, a number of Institutions in receipt of grants were inspected. Reports were made, the list of institutional and charity grants considered, and recommendations thereon made to the Minister of Health and Public Welfare.

## 2.—AMALGAMATION OF THE RIVER AVENUE SHELTER OF THE CHILDREN'S AID SOCIETY AND THE CHILDREN'S HOME.

This question was first mooted in 1934, but the Board was not asked to consider it until 1936 when a prolonged and detailed study was carried out. A report was obtained from Mr. J. M. Dunwoody, C.A., numerous conferences were held, and the institutions were carefully inspected. The Board then prepared a memorandum emphasizing the need for economy and centralization; it recommended the amalgamation of the two institutions and outlined a method for compassing it. An agreement was reached which is subject to review and revision in August, 1939.

Under the agreement, each organization preserves its own identity while both use the building belonging to the Children's Home which is larger and has better grounds and location than the Shelter. Provision was made for the fair treatment of the staff of both institutions with unified control under one superintendent; the Boards of both institutions were given equitable representation in the management of the Home. With reference to the cost of maintenance for children in the Home, it was recommended that an average be struck and the rate of seventy-seven cents per day per child be established. Recommendations were made also as to the segregation of mental defectives in a separate wing. Certain repairs and improve-

ments to the building, particularly fire escapes, were considered necessary and it was suggested that the Community Chest be asked to provide the funds for these.

The Board, is pleased to report that its recommendations have been carried out and the new arrangement is working most satisfactorily.

### **3.—SIR HUGH JOHN MACDONALD MEMORIAL HOSTEL.**

This Institution applied for a grant from the Government which asked the Board to make recommendations. Many meetings were held, including discussions with various people interested in boys' work and the policies to be followed.

Recommendations were made limiting admittance to the Hostel to boys up to their thirteenth birthday who had been certified as normal by the Provincial Psychiatrist. A grant of Five Hundred Dollars was submitted and the importance of providing early treatment for boys in the pre-delinquent stage, and those who had not been more than twice before the Juvenile Court, was emphasized. Improvements in the building were essential and the Board advocated a higher standard of qualification for the staff, to be determined in conference with the Attorney-General's Department.

The need for a voluntary organization doing reclamation work for delinquent boys was recognized and stressed; having regard to the general problem of Juvenile Delinquency, it was recommended that the Hostel be operated as an independent voluntary institution and not as a part of the penal system of Canada.

### **4.—MANITOBA SOCIAL HYGIENE ASSOCIATION.**

The work of the Manitoba Social Hygiene Association was reviewed and, at the request of the Board, the Association agreed to withdraw from the field of assisting unmarried mothers and to refer all such cases to the Department of Health and Public Welfare. The other activities of the Association, which are mainly in the nature of the diffusion of knowledge and education of the public, will be carried on.

### **5.—SURVEY OF CHILD CARING INSTITUTIONS IN MANITOBA.**

Following the request of the Minister of Health and Public Welfare, the survey of child caring institutions is being continued.

The Board learned with regret that the Rev. J. R. Mutchmor had placed his resignation in the hands of the Minister of Health and Public Welfare.

Mr. Mutchmor had been secretary to the Board since November 1st, 1926. His wide knowledge of all phases of Social Welfare work was invaluable; his familiarity with acts pertaining to Child Welfare and other social enactments was frequently proved; he had studied the theoretical side of juvenile delinquency, and had many contacts with the practical side of this difficult problem. His pleasing personality was much in evidence when surveys had to be undertaken and difficult situations surmounted.

The Board is pleased to know that he will now have even greater scope for demonstrating the value of his large experience.



In conclusion, the Board wishes to express its appreciation for the confidence that has been placed in it by the members of the Legislative Council and by their departmental staffs who have co-operated with the Board. We desire, especially, to mention the encouraging attitude of the Minister of Health and Public Welfare and to thank him for his consideration and courtesy.

Respectfully submitted,

E. S. MOORHEAD, M.D.,

Chairman.

NELLIE E. McNICHOL,

Secretary.



# Child Welfare Division

---

Honourable I. B. Griffiths,  
Minister of Health and Public Welfare,  
Legislative Building,  
Winnipeg, Manitoba.

Sir:

I have the honour to submit the report of the Division of Child Welfare for the year ending April 30th, 1937.

## 1. PART III.—“THE CHILD WELFARE ACT”:

During the year \$445,549.55 was expended in allowances for the care of bereaved and dependent children or, in other words, a monthly allowance to 1,141 families during the year, under the provisions of “The Child Welfare Act”. This is an increase of 31 families over the previous year although the total number of 3,271 children assisted is less by 31. The last few years indicate that although more families are assisted each year the average number of children in the families would appear to be decreasing.

TABLES 1 to 9 inclusive, which are briefly mentioned throughout the narrative of the report, are appended thereto:—

TABLE NO. 1 shows the number of applications received monthly together with their disposition, cases cancelled, the monthly number of children aided, and the number of families under allowance. It is interesting to note the very slight variation in the number of families on allowance from month to month.

TABLE NO. 2 shows the distribution of families. In Winnipeg, the 17 incorporated villages, and unorganized territory reductions are shown in the number of families on allowance. The largest increase has been in the 109 rural municipalities.

TABLE NO. 3 shows the causes for cancellation of the 193 families taken off allowance during the year. Although there are 28 more cancellations than during last year, one notices that these are all in Classes B and C, which is, we believe, as it should be.

TABLE NO. 4 shows the causes for refusal of applications and it is gratifying to note that fewer applications were refused this year than last. We are of the opinion this indicates greater care on the part of both those making applications and the local Child Welfare Boards.

TABLE NO. 5 shows the cause of death of father and TABLE NO. 6 shows the cause of total disability. It is interesting to note in TABLE NO. 5 that infectious diseases rank less as a cause of death this last year than previously. The largest increases as causes of death of the father are diseases of the circulatory system and cancer. This is in accordance with the general trend of mortality in Manitoba as a whole.

TABLE NO. 7 shows the nationality of the parents of the families on allowance. The nationalities of the fathers who may be grouped as Anglo-Saxon show a reduction of 13 families on allowance over the year ending April 30th, 1936.



## 2. PART IV.—“THE CHILD WELFARE ACT”.

**Child Protection:** This is indeed a broad, inclusive term according to the present day interpretation. It means much more than the enactment of effective laws and punishment of the offenders and should include a programme of various forms of protective services.

There is a growing need for local community programmes in Child Welfare Work to supplement the work of the Division. Activities of various kinds are necessary for all young people, especially in the rural areas where, at the present time, our problem is not only drifting soil but, unfortunately, too often drifting youth as well. To illustrate we quote from a letter from one youth in reference to his pal: “Harry could work, but two years on the road has made him incapable of working on his own.”

Our Province is fortunate in having six Children’s Aid Societies which are essentially protective agencies working diligently in the interests of the child. On April 30th, 1937, these societies were the guardians of 767 children. Where there is no Children’s Aid Society operating, local Child Welfare Committees may take up the challenge on behalf of the child. This Division is willing and anxious to co-operate with such groups in planning their programmes.

Part IV. of “The Child Welfare Act” deals with “Neglected Children”, and now defines under sixteen sub-sections what constitutes neglect. Applications are received for service where there is some deviation from the usually accepted standards of family life, where the child is either doing or suffering harm and where problems seem to centre in the child himself, such as defects of mind or body, undesirable habits, emotional difficulties, etc. Each is carefully studied by our Workers, who, through experience and training, have learned to evaluate factors in home life. In many instances they must seek specialized medical, psychological or educational services in planning the necessary social treatment. In only a small percentage of cases referred is Court action necessary or advisable.

It is also increasingly true that many of the problems brought to this Section do not come within the scope of “The Child Welfare Act” and so, in many instances, a consultation service is rendered—to the community in assuming its responsibility, or to the individual in assisting him to meet his obligation. INABILITY is a predominating factor at the present time; for instance, a mother dies leaving her husband with eight children under twelve years of age. In many such cases the income is inadequate to pay the services of a housekeeper, even if the housing condition were such that one could be accommodated and placement of the children with relatives may not be possible. Obviously, this is not a case of neglect and is in no way covered by “The Child Welfare Act.” It must, therefore, be considered as dependency and dealt with locally with the assistance of the social agencies in that district.

The Division of Child Welfare can and does reinforce the hand of private agencies who are willing to render remedial services to children whose parents are unable to supply this. Sometimes, through ignorance and fear, parents refuse to allow their children to receive the necessary medical attention and “The Child Welfare Act” may be invoked to compel these parents to allow the children to receive this treatment.

The number of families under direct supervision of our staff, because of some problem in relation to their children, was 578, involving 859 adults and 1,794 children.

In eleven families it was necessary during the year to remove the children from



their parent or parents by a Court order. The analysis of these eleven cases which involve the welfare of twenty-six children shows the following primary problems in each case:

1. Father imprisoned; ill-health of the mother; illicit trafficking in liquor and lack of salutary parental control. (four children involved.)
2. Feeble-mindedness of the mother resulting in tragic neglect of the children and domestic difficulty. (two children involved.)
3. Desertion of the mother and subsequent death of the father. (one child involved.)
4. Death of mother,—father in a Hospital for Mental Diseases. (two children involved.)
5. Mental and physical incompetence of both parents including desertions and assaults. (three children involved.)
6. Cruelty of mother and step-father. (one child involved.)
7. Cruelty of father and step-mother. (one child involved.)
8. Insanity of mother. (one child involved.)
9. Imprisonment of mother for contributing to neglect of her children. (five children involved.)
10. Imprisonment of both parents for illicit sale of liquor. (two children involved.)
11. Mental defectiveness of mother. (four children involved.)

It is interesting to note in this year's list of children removed from parents, not one was a child of an unmarried mother. This may be due to a more intensive effort to make adjustments for this group of children. On the other hand it may be only a coincidence. It must be noted, however, that this Division only operates in territory which is not covered by a Children's Aid Society. To secure an entire picture, it would be necessary to compile figures from all the Children's Aid Societies plus this Division.

In four of the eleven cases cited action was taken against the parent or parents for contributing to the children being or becoming neglected. This action is sometimes taken rather than apprehending the children as neglected. In many cases it serves as a salutary lesson to the parents and results in a clearer realization of their parental responsibility. In four cases the children were orphans and it was necessary that a guardian be appointed. This involved seven children—four from one family and one from each of three other families. In cases of orphans, our first step is to see if there are any suitable relatives who would be willing to assume guardianship. If so, they are advised to petition the Courts in this regard. If no relative can assume the responsibility, the Director, realizing that every child is entitled to a reasonably adequate guardianship, makes application to the Court for guardianship of the child. Our experience has shown that the adolescent child is in greatest need of guidance, though most unconscious of this need.

From the above, it will be noted that thirty-three children were committed during the year to the Director of Child Welfare—twenty-one temporarily, in which we have some hope of returning them to their parents, and twelve permanently, where

there is no such possibility. In regard to the residence, twelve were from organized municipalities as follows: Rural Municipality of Bifrost, Rural Municipality of St. Andrews, Rural Municipality of St. Anne, Rural Municipality of Gilbert Plains, Rural Municipality of Dufferin, Rural Municipality of Assiniboia. Twenty-one were from Unorganized or Disorganized Territory.

**Child Care:** Following the commitment of the child by the Court as a ward of the Director, comes the question of the child's care. A study of the child, including a physical and mental examination, is necessary to determine the type of care required. Fitting a child into a home is one of the most delicate pieces of social work attempted, and we are most grateful to the many citizens who assist in finding suitable homes for our children.

On May 1st, 1936, there were 238 wards of the Director under care. Of these, twenty-nine were committed temporarily and two hundred and nine permanently. With the thirty-three children committed during the year, this made a total of two hundred and seventy-nine (279) wards under care.

Following the policy of the Division to assume responsibility for children committed from unorganized territory, the guardianship of eight children who had previously been committed to the care and custody of the Children's Aid Society of Dauphin and who had come from unorganized territory, was transferred by Order-in-Council from the Children's Aid Society of Dauphin to the Director of Child Welfare.

Fifteen temporary wards were returned to their parents, as home conditions had improved sufficiently to justify this action; twelve reached their majority; the guardianship of one adult committed under the former Part VI of "The Child Welfare Act" was discharged by Order-in-Council and the guardianship of another, committed under similar circumstances, was transferred by Order-in-Council to another social agency. One child died in infancy and three found homes by means of absolute adoption. Concluding the year we have 247 wards under care—29 temporary and 218 permanent.

We cannot speak of the work of child care without expressing our appreciation of the work done by our foster parents, whom we regard as our extramural staff, and the Child Caring Institutions, whose co-operation has been ready and hearty.

The disbursement under Part IV from appropriation were \$17,974.53; from collections on municipalities, \$5,184.77; from relatives and other sources, \$127.06; making a total of \$23,286.36.

### 3. PART V.—"THE CHILD WELFARE ACT".

The services outlined in this section of "The Child Welfare Act" have been carried out as in previous years and include not only legal services to the unmarried mother in order that provisions may be made for the maintenance of her child, but also an attempt to do something towards the rehabilitation of the mother.

The more one studies this problem, the greater its magnitude becomes. We feel that despite all our efforts we are not getting at the root of the trouble but are only making provision for the care of the fruit. Illegitimacy pervades all sections of our society and over a period of years is definitely on the increase. I begin to ask myself "are not our efforts putting a bonus on the unmarried mother's child?" It would seem imperative that more intensive social work be done amongst this group



and that greater moral educational effort be made amongst those sections of our population from which unmarried mothers come. I respectfully submit that I do not believe the State is the proper agency to carry out this service. We have not adequate staff for the purpose. At the present time, we act as collecting agents for the mother and child obtaining funds from the alleged father where this is possible, and disbursing it as we see fit for care and maintenance. Ways and means should be canvassed, looking toward having this essential piece of social work done by some of our already established voluntary social agencies.

TABLE NO. 8 gives the statistics in reference to children born out of wedlock.

TABLE NO. 9 gives statistics in reference to adoptions and shows there is still considerable demand for suitable children for adoption.

#### 4. GENERAL.

A considerable portion of organized Manitoba is not covered yet by Children's Aid Societies and it is our hope, as conditions improve, these communities will find it possible to establish such agencies. We feel confident that "child care and protection", and even the vexed problem of the "unmarried mother" can best be taken care of by well established local voluntary agencies. Each community should feel some social responsibility for those who live within its boundaries and should be prepared to help and assist its unfortunate residents.

Ample provision of private boarding homes for children have been supplied for us by the Public Health Nursing Service of this Department and excellent supervision of these homes has been maintained. There has also been ample accommodation provided in child caring institutions.

In conclusion, Sir, may I take this opportunity of expressing my thanks to you on behalf of the staff of the Division of Child Welfare for your interest in our problems and your readiness to assist and advise us in our many difficulties as they arise.

Respectfully submitted,

F. W. JACKSON, M.D., D.P.H.,

Director of Child Welfare,

Winnipeg, Manitoba, May 5th, 1937.



TABLE NO. I.

CHILD WELFARE ACT—Part III—1936-1937.

Month		Applications Received    Granted		Withdrawn and Refused	No. of Cases Cancelled	No. of Children Aided	No. of Families under Allowance
Deferred from previous year -----		54					
May—	New	22	18	5	16	2,885	987
	Re-applications	3	2	2	---	-----	-----
June—	New	16	9	3	14	2,876	986
	Re-applications	2	4	--	---	-----	-----
July—	New	15	20	3	19	2,880	987
	Re-applications	2	---	2	---	-----	-----
Aug.—	New	11	10	1	16	2,878	983
	Re-applications	2	2	---	---	-----	-----
Sept.—	New	26	9	5	11	2,871	981
	Re-applications	3	---	2	---	-----	-----
Oct.—	New	15	11	7	14	2,862	982
	Re-applications	2	4	---	---	-----	-----
Nov.—	New	19	14	2	16	2,859	981
	Re-applications	5	1	3	---	-----	-----
Dec.—	New	16	14	5	20	2,845	976
	Re-applications	2	1	---	---	-----	-----
Jan.—	New	19	16	6	18	2,852	977
	Re-applications	3	3	---	---	-----	-----
Feb.—	New	12	7	4	14	2,814	971
	Re-applications	5	1	1	---	-----	-----
Mar.—	New	20	17	2	11	2,834	982
	Re-applications	6	5	1	---	-----	-----
Apr.—	New	19	7	5	24	2,801	970
	Re-applications	2	5	---	---	-----	-----
Total -----		247	180	59	193		
Applications carried over to next year -----		62					
Families under allowance during year -----							1,141
Number of children assisted during year -----							3,271

TABLE NO. II.

DISTRIBUTION OF FAMILIES:

Cities	Families	Children
Brandon -----	29	77
Portage la Prairie -----	17	47
St. Boniface -----	21	61
Winnipeg -----	279	677
25 Towns -----	89	269
17 Villages -----	40	114
109 Rural Municipalities -----	549	1,628
Unorganized Territory -----	117	398
	<u>1,141</u>	<u>3,271</u>

TABLE NO. III.

## CAUSES OF CANCELLATION:

(a) Resources sufficient .....	15
(b) Only one child under fifteen .....	95
(c) No children under fifteen .....	31
(d) Only one child—Mother recovered health .....	4
(e) Father not totally and permanently incapacitated .....	4
(f) Father not in an Institution .....	4
(g) Mother re-married .....	12
(h) Non-compliance with regulations .....	8
(i) Mother immoral .....	10
(j) Received allowance from other funds .....	1
(k) Left the Province .....	7
(l) Mother died—only one dependent child .....	2
Total .....	<u>193</u>

TABLE NO. IV.

## CAUSES OF REFUSAL:

(a) Resources sufficient .....	23
(b) Only one child under fifteen .....	5
(c) Only one child .....	—
(d) Father not totally and permanently incapacitated .....	9
(e) Excess assets .....	—
(f) Residence qualifications not fulfilled .....	1
(g) Non-compliance with regulations .....	2
(h) Mother immoral .....	1
(i) Unsatisfactory home conditions .....	5
(j) Mother not naturalized and children not born in Canada .....	2
(k) Desertion .....	1
(l) Unemployment problem .....	—
(m) Father not in an Institution .....	2
(n) No children under fifteen .....	1
Applications withdrawn .....	<u>52</u>
Total .....	<u>7</u>
Total .....	<u>59</u>



TABLE NO. V.

CAUSES OF DEATH:

1. Infectious Diseases:		
(a) Tuberculosis .....	96	
(b) Venereal Disease .....	6	
(c) Influenza .....	6	
(d) Typhoid Fever .....	4	
(e) Smallpox .....	---	
(f) Erysipelas .....	1	
(g) Other Causes .....	4	
	---	117
2. Diseases of Nervous System:		
(a) Cerebral Hemorrhage .....	34	
(b) Meningitis .....	11	
(c) Apoplexy .....	2	
(d) Tumor or Abcess of Brain .....	19	
(e) Other Causes .....	18	
	---	84
3. Diseases of Respiratory System:		
(a) Pneumonia .....	76	
(b) Bronchitis .....	3	
(c) Pleurisy .....	2	
(d) Asthma .....	2	
(e) Other Causes .....	13	
	---	96
4. Diseases of Digestive System:		
(a) Appendicitis .....	12	
(b) Peritonitis .....	16	
(c) Ulcers of Stomach and Duodenum .....	14	
(d) Disease of Liver .....	4	
(e) Other Causes .....	18	
	---	64
5. Diseases of Circulatory System .....		169
6. Diseases of Blood .....		7
7. Diseases of Kidney, Bladder and Urinary Passages .....		31
8. Diseases of Skin .....		1
9. Diseases of Bones and Joints .....		3
10. Cancer .....		101
11. External Causes:		
(a) Accident .....	64	
(b) Suicide .....	35	
(c) Murder .....	3	
(d) Other Sudden Deaths .....	8	
	---	110
12. Other Causes .....		23
13. Presumed Dead .....		6
		---
		812
		=====

TABLE NO. VI.  
CAUSES OF DISABILITY:

1. Infectious Diseases:		
(a) Tuberculosis .....	39	
(b) Venereal Disease .....	4	
	<hr/>	43
2. Diseases of Nervous System:		
(a) Paralysis .....	7	
(b) Sleeping Sickness .....	6	
(c) Multiple Sclerosis .....	5	
(d) Other Causes .....	11	
	<hr/>	29
3. Diseases of Respiratory System:		
(a) Chronic Bronchitis .....	2	
(b) Asthma .....	7	
(c) Other Causes .....	2	
	<hr/>	11
4. Diseases of Digestive System: .....		4
5. Diseases of Circulatory System .....		17
6. Diseases of Blood .....		1
7. Diseases of Kidney, Bladder and Urinary Passages .....		3
8. Diseases of Skin .....		1
9. Diseases of Bones and Joints .....		12
10. Mental Diseases—in hospital .....		37
		<hr/>
		158
		<hr/>

TABLE NO. VII.  
NATIONALITY:

	Father	Mother
1. Canadian .....	23	31
2. English and Welsh .....	185	197
3. Scottish .....	114	107
4. Irish .....	94	73
5. American .....	16	11
6. Ukrainian and Ruthenian .....	131	134
7. Icelandic .....	16	22
8. Polish .....	59	65
9. German .....	44	52
10. Hebrew .....	26	24
11. Austrian and Galician .....	35	37
12. Scandinavian .....	28	24
13. French .....	75	71
14. Italian .....	3	3
15. Russian .....	13	8
16. Half-breed .....	22	28
17. Mennonite .....	55	56
18. Roumanian .....	5	2
19. Hungarian .....	6	8
20. Belgian .....	8	9
21. Dutch .....	4	5
22. Other Foreign .....	8	3
	<hr/>	<hr/>
	970	970
	<hr/>	<hr/>



## TABLE NO VIII.

## STATISTICS FOR FISCAL YEAR, 1936-1937—PART V.

471 Births of children born out of wedlock in Manitoba during the fiscal year were reported to this Department. In addition were reported: 7 births where insufficient information was given to classify them as children born out of wedlock; and 19 births of children to married women.

81 Maintenance Agreements, including one verbal agreement, were entered into during the fiscal year.

38 Filiation Orders were obtained during the fiscal year.

Receipts on Filiation Orders during the fiscal year .....	\$ 3,843.99
Receipts on Maintenance Agreements during the fiscal year .....	8,921.72
Total .....	<u>\$12,765.71</u>

Disbursements during the fiscal year of monies collected under Filiation Orders and Maintenance Agreements were as follows:

To Mothers .....	\$ 5,989.59
Maternal Grandmothers .....	945.33
Boarding Homes .....	666.35
Lying-in Expenses .....	1,541.95
Costs .....	75.39
Institutions and Children's Aid Societies .....	1,082.57
Miscellaneous .....	515.95
	<u>\$10,817.13</u>

## TABLE NO. IX.

## PART VIII:

143 Surrender forms were signed during the fiscal year by the respective mothers or legal guardians.

166 Applications for children for adoption were received during the fiscal year.

132 Adoption Contracts were approved during the fiscal year.

177 Decrees of Absolute Adoption were signed by the various County Court Judges during the fiscal year.

The sum of \$504.00 was received during the fiscal year for adoption fees.

533 Visits and inspections were made to adopting homes during the fiscal year, of which 243 were in the country and 290 in the city.

We regret to report the death during the fiscal year of one child placed under an adoption contract. The child died in hospital of meningitis. We are satisfied, however, that proper medical attention was provided.

(Adoption figures do not include any Children's Aid Societies adoptions.)

# Social Assistance in Unorganized Territory

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Dr. F. W. Jackson,  
Deputy Minister,  
Department of Health and Public Welfare,  
Winnipeg.

Sir:

I have the honour to submit a report on Destitution in Unorganized Territory for the fiscal year ending April 30th, 1937.

This Department extends assistance in cases where the bread-winner is unable to provide for his family through illness and a medical report is usually furnished. Assistance is also given to widows pending consideration of applications for Mother's Allowance; widows who are not eligible for the Child Welfare Allowance owing to non-conformity with the regulations thereof; unmarried mothers; deserted mothers; persons who are over seventy but are not eligible for the Old Age Pension; feeble-minded persons for whom there are no accommodation in the Portage la Prairie Institutions, and institutional cases that are placed in private homes at a lower rate.

All applications for relief are personally investigated by the local inspector before aid is given, except in extremely urgent cases, when one order is usually placed and the inspector instructed to visit the family as soon as possible. Inspectors are required to fill out printed forms provided by the Department, giving the name and age of the applicant, number of dependents and their ages, information as to relatives, details as to personal property, social history and condition of their land. Inspectors also keep in touch with families from time to time, and a report is made to the Department if any change is to be made.

The system of granting relief is as follows: An order in which the storekeeper's name is omitted is sent to the family and in this way they may deal with any storekeeper they wish. The storekeeper is required to forward his account to this office for payment with the recipient's signature shown on the account and he is restricted to supply articles listed on the form sent to him with the original order as follows:

Baking Powder	Flour (not first grade)	Rice
Beans	Honey	Rolled Oats or
Bread	Lard	Oatmeal
Buckwheat Grits	Macaroni	Salt
Butter	Matches	Sewing Thread
Cheese	Meats—Bacon, Beef, Fish,	Soap (laundry)
Chicory	Sausage (not canned)	Soda
Coal oil	Onions	Sugar
Cocoa	Pepper	Syrup
Coffee (not first grade)	Potatoes	Tea (not first grade)
Cornmeal	Prunes (60-70)	Yeast Cakes
Evaporated Apples	Raisins	

There are a few cases receiving cash allowance but this is done only on the inspector's recommendation when assurance is given that the people will spend the money properly.

Through the co-operation of the Department of Education, we rely on the in-



spectors appointed by that Department, who act as collectors of taxes in their various districts, and I cannot speak too highly of these men and the sound judgment they have shown in making their reports. The list of inspectors is as follows:

Geo. C. Sommerville, Hadashville	H. H. Harris, Winnipeg
C. W. Oberlin, Dauphin	(Districts of Riding Mountains, Victoria
F. E. Carson, Fraserwood	Beach, Pine Falls, and Lake Winnipeg
J. R. Armit, Alonsa	District.)
Geo. LaFortune, Vassar	Wm. Hryciuk, Chatfield
Jarvis M. Mysyk, Vita.	

During the last year in Mr. Oberlin's district we had to use Mr. T. W. Locke of Birch River and George Carriere of Boggy Creek, also the R.C.M.P. in Winnipegosis and Camperville districts. At the time, Mr. Oberlin was too busy with his own work or his health did not permit him to attend to our cases. Under the same circumstances, we had the Public Health Nurses do investigations in Mr. LaFortune's district. It is becoming more difficult to have investigations done in a short time as the number of cases is increasing each year and some of the inspectors are not able to cope with the situation as they are unable to handle their own work and look after our cases at the same time.

Owing to the fact that the Department has no schedule for guidance as to the amount of relief to be given, the inspector's reports are studied and relief is placed according to the ability of the family to raise their own vegetables and have their own milk supplies. In some districts the children are able to pick seneca roots and also earn a little by helping the neighbors.

The nature of the work of this Department is identically the same as that of the Social Welfare Commission in the City of Winnipeg. The Social Welfare Commission has a number of visitors who visit the families quite often and make a check-up of the cases. It would be very desirable to have one inspector who could go to the country as often as it was found necessary and keep in touch with the families receiving relief. There are cases that require more attention than having a grocery order placed and clothing supplied. We are dealing with cases where the mother of children has to apply to this office for assistance owing to the fact that she has not complied with the regulations of the Child Welfare Division. Such cases are supervised closely and returned to the Child Welfare Division as soon as the requirements are complied with under "The Child Welfare Act".

There is great difficulty throughout the unorganized districts in obtaining medical attention, especially when one or more members of the family require medical treatment daily or weekly. In some instances we have to keep people requiring treatment in the city on a board and room basis for a few months at a time. In other cases we have to bring the patient to the city once a month for treatment. In the City of Winnipeg people receiving assistance usually go to the Out Patient Clinic of the hospitals. In unorganized territory the patient has to be provided with transportation to enable him to see a doctor or, if he is unable to travel, a doctor is sent to the home. During the fiscal year 1936-1937 the Department expended for this service \$3,317.00 for doctor's fees and \$1,009.54 for medicine. These items are greatly increasing. The Department was also called upon to supply transportation for people who are receiving Pneumo-Thorax treatments. We had three cases in the Grahamdale districts and transportation had to be supplied to one patient every three weeks and to the other two cases every four weeks to enable them to come to Winnipeg for Pneumo-Thorax treatments at the Central Tuberculosis Clinic. Now,



however, Dr. Walkin of Ashern has the equipment necessary for the treatment and these patients go to him for treatment. Expense for transportation in that district is therefore reduced to the minimum. The Department is also called upon to pay for nursing care during confinement in various nursing homes when there is no hospital in the district. The usual charge is \$1.50 per day. This applies not only to cases in receipt of assistance but also in cases where investigation shows that the family is absolutely unable to pay for the treatment and would not be able to do so in the future.

You will notice in the report that during the fiscal year May 1st, 1936, to April 30th, 1937, there were 185 new cases dealt with by this office and 300 cases were brought forward from the previous year. This creates a lot of detail work in the office and each member of the staff discharges his or her duties very efficiently. They are attentive to their work and I wish to express high esteem for their co-operation.

In closing, I wish to express thanks and appreciation to the Minister and yourself for your guidance and help in assisting me to carry out my duties as Supervisor. I also wish to thank the following organizations for their kind co-operation: The Divisions of Public Health Nursing, Hospitalization and Child Welfare, the Juvenile Court, Officer Commanding the R.C.M.P., Unemployment Relief Division (Department of Public Works), Out Patient Departments of the Winnipeg General, Psychopathic and St. Boniface Hospitals, and the Social Welfare Commission, of the City of Winnipeg.

You will find appended, statistical data of the work covering the fiscal year, showing the total number of persons receiving relief during the year as follows:

1. Total number of persons on relief as compared to the last fiscal year.
2. Details of persons receiving relief from May 1st, 1936, to April 30th, 1937, showing amount spent for food, clothing, etcetera, classified according to causes and nationality.
3. Details of clothing supplied, giving number of articles sent out.
4. Miscellaneous expenditure re transportation to and from hospital, medical aid, doctors' fees, nursing, medicine, ambulance service, unclassified miscellaneous expenditure, and burial of indigent persons in Northern and other parts of Manitoba.
5. Number of children in families, classified according to nationality, showing sex, number of applicants of foreign extraction born in Canada, persons not naturalized and total number of adults and children on relief.
6. Number of cases dealt with under various headings but no relief given.

Respectfully submitted,

B. ZEGLINSKI,

Supervisor, Destitution in  
Unorganized Territory.



TABLE No. I. ....

## NUMBER OF CASES RECEIVING RELIEF MAY 1st, 1936 to APRIL 30th, 1937

	Cases	Dependents
Number of Cases receiving Relief May 1st, 1936 .....	300	491
Number of New Cases, May 1st, 1936 to April 30th, 1937....	185	390
Total number of Cases receiving Relief, May 1st, 1936, to April 30th, 1937 .....	485	790
Number of Cases discontinued May 1st, 1935, to April 30th, 1936 .....	126	275
Number of Cases carried over to 1937-1938 .....	359	515

The discontinued Cases were as follows:

- 11 Cases transferred to the Department of Public Works.
- 10 Cases obtained Child Welfare Allowance.
- 9 Cases obtained Old Age Pension.
- 10 Cases died.

TABLE No. II.  
DETAILS OF CASES RECEIVING RELIEF FROM MAY 1st, 1936, to APRIL 30th, 1937  
Showing the amount spent for Food, Clothing, etc. for the year in each Classification and each National Group.

Classification	British	Canadian	French	H. Breed	Ukrainian	Polish	German	Other Nats.	Total	Average
Old Age	\$ 349.77	\$ 566.42	\$1,240.56	\$ 468.14	\$ 6,766.06	\$1,855.86	\$ 376.10	\$ 458.88	\$12,081.79	\$1,006.82
Children	-----	164.06	-----	183.00	578.42	-----	-----	-----	925.48	77.12
Partially										
Disabled	682.42	1,080.67	1,975.19	705.56	4,055.63	676.19	169.95	422.20	9,767.81	813.83
Sickness	2,038.16	806.36	1,653.42	1,812.12	4,022.74	1,077.24	526.29	942.49	12,878.82	1,082.23
Imprisonment	-----	65.00	-----	108.45	202.58	-----	-----	-----	376.03	31.33
Desertion	106.09	415.63	285.73	601.80	820.99	-----	151.21	623.18	3,004.63	350.38
Widows	-----	12.64	586.07	1,383.36	2,035.81	347.14	85.45	-----	4,450.47	370.84
Blind	-----	-----	212.91	-----	544.74	113.56	-----	-----	871.21	72.60
Tuberculosis	286.42	448.20	557.37	874.12	1,345.05	-----	-----	131.57	3,642.73	303.56
Institutional	-----	-----	108.97	-----	247.54	-----	-----	378.47	734.98	61.25
Mentally										
Incompetent	-----	630.28	56.00	243.85	400.23	88.71	-----	-----	1,419.07	118.25
Paralysis	-----	16.15	-----	-----	-----	-----	-----	-----	16.15	1.35
Unmar. Mothers	-----	246.87	23.82	-----	-----	-----	-----	-----	270.69	22.25
(No. of Cases)	(3)	(11)	(3)	(8)	(16)	(5)	-----	(4)	-----	-----
Miscellaneous	35.00	75.33	24.50	67.52	105.59	5.17	-----	15.66	380.71	31.73
	\$3,497.86	\$4,527.61	\$6,724.54	\$6,447.92	\$21,125.38	\$4,163.87	\$1,309.00	\$2,972.45	\$50,820.57	\$4,266.77



TABLE No. III.

DESTITUTION IN UNORGANIZED TERRITORY

Particulars of clothing supplied during the year 1936 to 1937 are as follows:—

Suits of underwear	1,396	Dress	1
Shirts	590	Scarves	17
Windbreakers	294	Layettes	2
Sweaters	441	Towels	4
Coats (women's)	68	Blankets	40
Overalls	354	Quilts	27
Trousers	209	Bathrobe	1
Hats and Toques	212	Baby Blanket	1
Socks and Stockings	pairs 1,494	Dress Goods	yards 3,029
Mitts	pairs 444	Spools of Thread	277
Footwear	pairs 947		

The Imperial Order of the Daughters of the Empire received \$100.00 from this Department to enable them to buy wool to knit certain articles and during the year they submitted the following:—

Sweaters	90	Caps	3
Socks	pairs 34	Scarves	15
Mitts	pairs 195		

The amount expended for clothing, including footwear, is as follows:—

May	\$ 411.24	November	\$1,772.65
June	165.16	December	1,014.52
July	139.77	January	506.45
August	144.31	February	321.64
September	449.61	March	371.69
October	1,612.46	April	537.98
			<u>\$7,447.48</u>

TABLE No. IV.

**MISCELLANEOUS EXPENDITURES RE CASES NOT IN RECEIPT OF  
ANY OTHER RELIEF—1936-1937.**

	Cases	Expenditure	Total	Grand Total
Transportation to and from Hospital and returning Non-residents to their homes:				
Northern Manitoba .....	166	\$ 694.52		
Other Parts of Manitoba .....	91	653.72		
			\$1,348.24	
Total Number of Cases .....	257			
Medical Aid, Doctors' Fees, Ambulance Service, Medicine, Etcetera:				
Northern Manitoba:				
Medicine and Ambulance .....		519.80		
Doctors' Fees .....	216	2,102.55		
			2,622.35	
Other Parts of Manitoba:				
Medicine and Nursing .....		223.04		
Doctors' Fees .....	35	696.78		
			919.82	
	251			
Unclassified Miscellaneous Expenditures:				
Northern Manitoba .....	33	308.94		
Other Parts of Manitoba .....	29	329.33		
			638.27	
	62			
Burial of Indigent Persons:				
Northern Manitoba .....	19	408.00		
Other Parts of Manitoba .....	10	284.10		
			692.10	
Total Number of Cases .....	29			\$6,220.78









# Division of Psychiatry

INCLUDING

**PROVINCIAL PSYCHIATRIST**

**PSYCHOPATHIC HOSPITAL**

**BRANDON HOSPITAL FOR MENTAL DISEASES**

**SELKIRK HOSPITAL FOR MENTAL DISEASES**

Report for Fiscal Year ending April 30th, 1937.

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**MANITOBA SCHOOL FOR MENTAL DEFECTIVES  
AT PORTAGE LA PRAIRIE**

Report for Calendar Year 1937.

# Provincial Psychiatrist

Dr. F. W. Jackson  
Deputy Minister of Health and Public Welfare,  
Legislative Building,  
Winnipeg, Man.

January 24th, 1938.

Sir:

I beg to submit herewith a general summary of the work of the Mental Diseases Division, for the year ending April 30th, 1937.

## GENERAL STATISTICS

### (Mental Hospitals Only)

	Men	Women	Total
Remaining in hospital April 30th, 1936 .....	1,273	946	2,219
Admitted during the year .....	390	391	781
Total under treatment .....	1,663	1,337	3,000
Discharged .....	179	173	352
As "recovered" .....	73	62	135
As "much improved" .....	33	34	67
As "improved" .....	48	41	89
As "unimproved" .....	13	26	39
(transfers not included)			
As "Not Psychotic" .....	10	9	19
Deportations .....	2	1	3
Transfers between hospitals .....	111	116	227
Deaths .....	77	59	136
Elopements .....	4	0	4
% discharged of Number under treatment .....	10.76	12.94	11.73
% discharged of Number admitted .....	40.77	44.27	42.52
% died of Number under treatment .....	4.58	4.37	4.49
Remaining in hospital April 30th, 1937 .....	1,287	998	2,285

This table relates to patients with mental disease only. Patients in the institution for mental defectives at Portage la Prairie are an entirely different group, not comparable with those in the other institutions. (See Annual Report—Manitoba School.)

The increase in patients under treatment during the year amounted to 66. The increase in the previous year was 79. One would like to believe that the difference is significant and that it represents a hopeful trend toward the stabilization of institutional population. This is scarcely probable, however. It has not been occurring in other parts of the Anglo-Saxon world and it is not likely that Manitoba is running counter to a general tendency. For years there has been an annual increment and yet one sincerely doubts that this really represents a progressive actual increased incidence of mental disease. If it does, the actual increase must be small. In all probability the steady increase is due to two things: (1) a continuous improvement in the health of patients—not a very important factor since the net result will be a slow rise in the death rate as the patient population ages; (2) a growing utilization of mental hospitals for the care of patients who formerly were cared for



at home. Some of this is no doubt due to growing confidence in the institutions, but some of it, one feels sure, is due to a tendency to decreasing sense of individual and family and community responsibility. There can be little doubt that patients on the whole are better cared for in institutions than in the majority of homes. In other words, in this slow social change, the patients benefit. But if a community establishes a change in social attitude and action, it must be remembered that this involves only a shift in channels of financial outgo. In other words, expenditure for patients that was formerly an individual or family or community affair, does not mysteriously and pleasantly disappear on transference of a patient to hospital. The expenditure goes on and the wherewithal must be forthcoming from the revenues of the Province.

There was a very considerable increase in the number of admissions. Brandon bore the brunt of this increase, but there was a smaller increase at the Psychopathic Hospital and Selkirk as well. The existence of unoccupied accommodation at Brandon and a never-ceasing need for caring for the patients in need, resulted in this disparity. The time will come when this small reserve of accommodation will be exhausted, and, as a matter of fact, that time is in sight now. It is probable that within the year we shall be facing a crisis again. The provision of additional accommodation at Selkirk is imperative. The increasing demand for some reason, as yet unascertained, is for accommodation for female patients. This year, for the first time in my recollection, more females than males were admitted. That this is not a mere coincidence is indicated by the fact that such a tendency, i.e., toward increased female admissions, has been evident for several years.

There was a slight drop in the number of first admissions and a corresponding slight one in re-admissions, possibly a difference that is of little consequence and not more than the yearly fluctuation that is noted over a period.

Corresponding with the increase in admissions, there was, of course, an increase in the number under treatment. The figure 3,000 represents all who received treatment, regardless of the duration of it. In some cases it would be for a brief period of a day or so, and in others, it would be for the entire year.

There was a very slight decrease in the number of patients discharged, but it is gratifying to note a definite increase in the number discharged as "recovered." Last year approximately 54% of those discharged to the community were considered as having been definitely benefitted by the hospital care. This year the corresponding figure is 81%. But to counterbalance this, we note a very slight increase in the mortality rate and a definite increase in transfers within the hospital system. While fewer were discharged, their condition and prospect of continued well-being were better. The explanation of this is not clearly apparent. The one that suggests itself is that there has been increased individualization in both treatment and appraisal of prospects on return to society.

The increase in mortality rate was too small to be of significance. It is gratifying to note a perceptible decrease in deaths from tuberculosis. With a continuation of the methods of detection already adopted, we may anticipate a further decrease in this category. Deaths from cardio vascular disease seem to have increased in number, but this tendency is in keeping with the experience in the community generally. There was one death by suicide—rather remarkable when one considers the large number of patients definitely preoccupied with ideas and plans for self-induced death.

As has been mentioned, transfers between hospitals increased in number and



this was partly due to mass transfer of a group from Selkirk to Brandon. This was undertaken to ease the accommodation problem at the former institution. The beds made available were speedily filled, however. This year up to 50% of the patients at the Psychopathic Hospital were of such type that their retention there was wasteful and uneconomic. Furthermore, their presence in that institution is a definite bar to admission of new patients and is responsible for the long waiting list.

During the year no patients were temporarily housed in Gaol. This has been the result of our efforts to immediately admit patients referred through the Police. The proportion of such admissions was practically unchanged. It certainly is too high and is the direct result of our having to postpone admissions until the passage of the patient into the hands of the Police, forces our hand. Many, and physicians are included, have discovered that while we, in our effort to keep admissions within the limits set will try to postpone admissions, they can circumvent us by calling in the Police.

Deportations were three in this year and in the last.

### ACCIDENTS

Accidents were fewer than usual. Only four of a major character occurred and all were fractures. All but one of these were in elderly patients whose bones, being brittle, break readily.

### GENERAL HEALTH

Influenza, Infantile Paralysis, Scarlet Fever, and Tuberculosis were the infectious diseases that caused illness among patients and staff during the year. The Influenza occurred in February and March, and Brandon was the institution chiefly affected. At Selkirk two definite cases of Poliomyelitis occurred in the nursing staff. Two cases of Scarlet Fever, one in a patient and one in a nurse, were also recorded at Selkirk.

Tuberculosis, a real bugbear in the past, is now showing signs of being a less serious problem. Measures adopted for detecting cases are bringing results, and will produce more as time goes on.

### MEDICAL WORK

The medical staff has remained unchanged, but it will be necessary to add two additional physicians since the number of patients now in residence is such that proper care cannot be given otherwise.

The practice of sending selected medical students to the institutions during the summer months has been continued and has served the double purpose of affording some relief for the regular staff and of providing these students with valuable insight into the clinical manifestations of mental disease and their importance as a social problem. Almost without exception, these students have returned with a viewpoint that speaks well for their future attitude toward mental disease generally.

During the year fairly extensive work on the "shock" method of treatment of Dementia Praecox was carried out, chiefly at Selkirk. It is too early to pass judgment on the value of the treatment but there is some reason to believe that it will be of use in certain selected cases.

The travelling clinic operating from Brandon continued its work in a highly satisfactory manner. We should very much like to be able to extend this service



to other communities. The operations of the Out Patient Department at the Psychopathic Hospital are detailed in the report of that institution.

Laboratory and X-Ray work at the institutions increased greatly and the Dental Department was continuously active.

### NURSING SERVICE

The training of nurses in the care of cases of mental disease continued in all institutions. Seventeen nurses in all completed their training at Brandon and Selkirk and were awarded diplomas.

The post graduate work at Brandon continued with a slightly decreased number of applications. It is evident, however, that there is going to continue to be a demand for this type of training. The need of the institutions themselves for nurses adequately trained in both general and mental work will in itself necessitate the continuance of the work.

### OCCUPATIONAL THERAPY

This valuable form of treatment continued throughout the year and reached a new level of efficiency, especially at Brandon. Interesting details of this work are incorporated in the Brandon report. We look forward to an extension of this work at Selkirk.

### REQUIREMENTS

There always are "waiting" needs at the institutions but the one overshadowing all others is for increased accommodation. All institutions are taxed beyond their capacity and the situation to which attention has been drawn before is now serious. The great need is for increased accommodation for females and this applies to both Selkirk and Brandon with somewhat greater urgency at the former.

In conclusion, I desire to commend to you the continuous faithfulness and loyalty of the staffs of the several institutions, and to express my gratitude to the Minister, yourself, and, in fact, all government officials, for unfailing understanding and interest.

I have the honor to be, Sir,

Your obedient servant,

A. T. MATHERS,

Provincial Psychiatrist.

# Psychopathic Hospital

Dr. F. W. Jackson,  
Deputy Minister of Health and Public Welfare,  
Legislative Building,  
Winnipeg.

December 15th, 1937.

Sir:

I beg to submit herewith a report on the work of the Psychopathic Hospital for the year ending April 30th, 1937.

## GENERAL STATISTICS

	Men	Women	Total
Remaining in hospital April 30th, 1936 .....	18	16	34
<b>Admitted:</b> May 1st, 1936, to April 30th, 1937 .....	196	179	375
First Admissions .....	143	130	273
Re-admissions .....	53	49	102
General Admissions .....	87	100	187
Voluntary .....	8	6	14
By Commitment .....	85	64	149
Retaken from Probation .....	5	3	8
Transfer from Brandon .....	1	0	1
Total patients under treatment .....	214	195	409
Average daily population .....			32.99
Rated capacity .....	16	16	32
Average duration of stay .....			31.69 days
<b>Discharged:</b>			
May 1st, 1936-April 30th, 1937 .....	201	179	380
As "recovered" .....	47	45	92
As "much improved" .....	14	17	31
As "improved" .....	18	14	32
As "not insane" .....	7	5	12
As "unimproved" .....	105	89	194
To "relatives" .....	59	56	115
To "relatives against advice" .....	4	8	12
To "own control" .....	20	6	26
Transfers—			
To other mental hospitals .....	95	86	181
To Police .....	2	0	2
To Convalescent Hospital .....	2	4	6
To Central TB Clinic .....	0	1	1
To Old Folks Homes .....	2	2	4
To Winnipeg General Hospital .....	3	3	6
To Unemployment Relief Dept. ....	0	1	1
To Immigration Authorities .....	1	0	1
To Manitoba School .....	3	3	6
Escaped .....	0	0	0
Deaths .....	10	9	19
Remaining in hospital April 30th, 1937 .....	14	15	29



## ADMISSIONS

Over the past five years the average admission rate has been 371.2 patients. As will be seen from the above figure, the rate for the past year, 375, was slightly in excess of this.

In the period under review, 9 more patients were admitted than during the previous year. The same factors as were noted last year were again operating, viz., obligation to accept necessitous cases and some relaxation of the restrictions formerly in force. As will be seen by the figure representing average daily population, we have come very close to adherence to the limit set as desirable from the standpoint of financial outlay. This does not give any indication of the extent of the demands for accommodation. At all times in the year, the waiting list has been extensive, and its existence has meant a heavy demand on the time of the staff in replying to repeated enquiries as to when accommodation will be available, and in attempting to appease physicians and patients' relatives who are insistent. If it were possible to transfer promptly patients who are not suitable for this institution, we would be able to diminish the size of the waiting list appreciably. But owing to inability to effect transfer, especially to Selkirk, approximately 25% of our patient population at all times, is made up of chronic or incurable cases. The situation is one that demands immediate attention. Further accommodation at Selkirk is urgently needed. We at times must wait two weeks or more to transfer a single patient. The incidence of mental disease is one thing that cannot be adequately controlled by fixing more or less arbitrary limits of hospital accommodation. Through the past few years I am informed that our increment in hospital cases is the lowest in Canada. This is gratifying but does not warrant an insufficient supply of available hospital beds.

Of the total admissions approximately 73% were first admissions—cases that at no previous time had been in a mental hospital. This proportion is higher than in the previous year but it is doubtful that the increase is significant. The proportion of re-admissions was slightly and correspondingly decreased.

Proportionately, more female patients were admitted than in the previous year, although the total number was 17 less than the male. The waiting list has persistently had more females on it, and this once more brings out the fact that the chief deficiency in accommodation in the Provincial Hospitals is for female patients. We continue to have extreme difficulty in effecting transfer of such patients as require prolonged care.

There is some gratification in noting a drop of approximately 4% in the number of Magistrates' commitments. This proportion would show a further and very definite decrease if it were possible to immediately accept patients when application is made and before progress of their mental disability renders them entirely unco-operative. There probably is a figure representing an irreducible minimum in this regard, and it very likely is in the neighborhood of 8-10%. It will be seen that we are a long way short of this desirable situation.

The waiting list, as heretofore, has been a lengthy one. Trying to manage it with anything approaching fairness is next to impossible since there are numbers of relatives and even physicians, who, with a mental case on their hands and even though the case is not particularly urgent, simply call on the police and we, in our efforts to save such patients being temporarily received at the Gaol, feel obliged to take them in, and thereby delay the admission of some case whose relatives or physician have been patiently awaiting their opportunity. The brunt of explanation

and soothing such people when they quite naturally became irate, falls on the staff, who are in no way responsible for the unfairness.

### DISCHARGES

The total discharges were in excess of last year's figure and happily we are able to record an increase in the number discharged as "recovered." The percentage increase was 8. A somewhat lesser number than last year was discharged as "not insane." Fewer also were discharged "to relatives, against advice." Very nearly the same proportion of discharges represented transfers to other mental hospitals, and once more approximately 3 out of 4 of these were transferred to Selkirk in an effort to keep them within reasonable distance of relatives who would be visiting them. The heavy demands made on Selkirk by reason of population distribution, indicate again the pressing need for the provision of further accommodation at that institution.

There were no escapes during the year.

### DEATHS

Nineteen deaths occurred during the year, giving a mortality rate of 4.64%, which is .3% higher than last year. Approximately half died of one or other form of Pneumonia. One death was due to Carcinoma, one to coronary disease, and one to cysticercus infestation of the brain. The latter is the one case of this disease encountered in the very nearly 6,000 patients that have passed through this hospital.

No suicides occurred during the year.

### CLASSIFICATION

Tables setting forth classification of diagnoses are of little value for the purposes of this report and are, therefore, omitted. One notes an increase in the number of neurosyphilis treated but it is unlikely that this represents an actual increase in incidence. It probably does indicate the result of a more alert attitude on the part of the medical profession resulting in the recognition of such cases earlier, and in greater numbers.

Once again the largest incidence fell in the decade 40-50. The largest single occupational group was that of "housewife."

### CLINICAL SERVICE

The only change to be noted is that during the year arrangements were completed for the inclusion of two months' service in this hospital as part of the rotating internship service at the Winnipeg General Hospital. One feels that while the type of service rendered this hospital will not be as useful as that supplied by a resident, the distant effect in discriminating psychiatric knowledge and experience in the profession will be worth while.

Our difficulties in relieving general and other hospitals of patients who develop psychoses in these institutions have continued and occasioned some vexation. As mentioned last year, some hospitals are decidedly intolerant and almost harsh in their attitude toward the problem.

290 new patients were seen in the Out Patient Department in addition to the usual large number of return visits by patients previously seen. This department



has grown to the point where the entire time of one staff member for half of each day is required.

### NURSING SERVICE

A total of 42 student nurses from the General Hospital training school had experience in the hospital. For brief periods 3 graduates served as Floor duty nurses.

### SOCIAL SERVICE

The investigations carried out by this department were almost exactly the same as last year in number, but fewer home visits were made.

### OCCUPATIONAL DEPARTMENT

Detailed listing of the finished products of this department is omitted. The department has continued in full activity—the number of patients participating being in excess of last year.

### OTHER ACTIVITIES

The educational work with medical students and nurses continued, as in other years. In November and December, 1936, the Director participated in a Dominion-wide survey of Department of Pensions and National Health Hospitals and neuro-psychiatric patients.

### REPAIRS, ETC.

The redecoration of the hospital, so long needed, was completed. The floor of the basement corridor continues to be in need of attention.

### GENERAL

The old and familiar difficulty of coping with the numbers for whom admission is desired has been very much with us. There have been times when we simply could not adhere to the limit in number admitted, set up by the department. We could approximate it, I believe, if more speedy transfer of patients to Selkirk were possible.

The members of the staff have been faithful and patient under most trying conditions, and are worthy of commendation.

For the unfailing co-operation and helpfulness of the Minister and yourself, we are deeply grateful.

I have the honor to be, Sir,

Your obedient servant,

A. T. MATHERS,

Director, Psychopathic Hospital.

# Brandon Hospital for Mental Diseases

Brandon, Man., June 21, 1937.

A. T. Mathers, M.D., F.R.C.P.,  
Provincial Psychiatrist,  
Winnipeg, Man.

Sir:

I have the honor to present the forty-seventh Annual Report of the Brandon Hospital for Mental Diseases for the fiscal year ending April 30, 1937.

The year was characterized by a somewhat unusual increase in population. There were on May 1, 1936, 1,382 patients on the register, 753 men and 595 women in residence and 34 on parole, and the year ended with 1,456 registered, 763 men and 649 women, with 44 on probation. Our resident population therefore showed an increase of 64 as against the average annual increase of the previous nineteen years of 35 patients. This increase was accounted for in part by the admission 'en bloc' of 16 chronic women patients from Selkirk and in part by a substantially increased admission rate.

Those patients received through the Winnipeg Psychopathic Hospital have not been classed as first admissions as in previous reports. There were 255 admissions in all, 146 first admissions, 39 readmissions and 70 transfers. Those transferred from the Winnipeg Psychopathic Hospital constituted 20.7% of all admissions. There were 40 more admissions than during the previous year.

**Age Incidence**—Approximately one-third of the patients were over 50 years of age; 23 were over 70 years of age; and 19 under 20 years, while 63 were in the fifth decade of life.

**Nativity**—Native-born constituted 51.77% of admissions. From Great Britain and Ireland 15.7%; Poland 12.95%. Other foreign countries contributed small percentages. These figures approximate past experience.

**Diagnostic Classification**—Schizophrenia accounted as usual for the largest single group, viz., 34.93%; Manic-depressive psychosis 10.96%; Senile psychosis 5.48%; Cerebral Arteriosclerosis 11.65%; General Paralysis only 0.68%, the smallest number in years, but it must be remembered that transfers from the Winnipeg Psychopathic Hospital are not now included among first admissions.

The average daily number of patients in residence since 1919-20 is as follows:

1919-20	749		1928-29	1,112	Increase	36
1920-21	787	Increase 38	1929-30	1,155	"	43
1921-22	837	" 50	1930-31	1,177	"	22
1922-23	865	" 28	1931-32	1,186	"	9
1923-24	908	" 43	1932-33	1,190	"	4
1924-25	934	" 26	1933-34	1,220	"	30
1925-26	982	" 48	1934-35	1,278	"	58
1926-27	1,038	" 56	1935-36	1,313	"	35
1927-28	1,076	" 38	1936-37	1,384	"	71

**Separations**—There were 181 total separations; 108 discharged, 1 deported, 3



eloped and 66 died. 22.2% were discharged as recovered; 54.6% as improved, and 23% as unimproved.

**Deaths**—There were 66 deaths constituting 4% of the total patients coming under treatment, 25.7% being due to or associated with the cause of the mental disorder. Intercurrent and concurrent infections accounted for 51 of the deaths, pulmonary diseases 27%. It is gratifying to note that the deaths due to Tuberculosis of the lungs dropped from 12.9% to 9%. It is interesting to note that 36.3% were due to cardiovascular diseases.

**Accidents**—There were 5 accidents of major nature which is somewhat fewer than usual. There were two fractures of the femur occurring in senile patients, one impacted fracture of the neck of the humerus in an elderly epileptic sustained while falling in a seizure, and one fracture of the ulna due to external violence of another patient. There was, lastly, one very serious self-inflicted injury in a suicidal patient which, while not the direct cause of death, was nevertheless contributing. A postmortem examination and coroner's investigation revealed the true cause of death as being due to corrosive poisoning through swallowing lye prior to admission to the institution. Many minor accidents also occurred but in general these have been of less frequent occurrence. As the chronic women's service is now considerably overcrowded, one would in consequence anticipate a greater incidence of accidents.

**General Health**—A large number of days were lost through injuries and sickness by both nurses and attendants. The attendants lost a total of 871 days. This is rather startling but does not represent general ill-health of the staff. Over half the time was lost by three attendants, 198 days by one attendant who has since retired and who had suffered since the War from cardio-renal disease; 164 days were lost by an attendant who suffered a fractured leg through being hit by a motor car while walking home from work, and 105 days were lost by a third attendant because of Sciatica. The remaining illnesses were of minor nature and the epidemic of Influenza in February was particularly severe, but fortunately was not accompanied by serious complications. The nurses also had considerable illness, particularly Influenza in February and March. The total of 787 days lost was greatly augmented by the prolonged illness of one elderly nurse, since retired.

It is necessary to record the death under tragic circumstances of Mr. John Nykyfork, who was killed in a fall from his bicycle while proceeding to perform his regular inspection of the low level pumping station. His service was of a high quality and our sincere sympathy is extended to his widow and son.

### CLINICAL AND MEDICAL WORK

The usual clinical work has been conducted in an enthusiastic manner by staff physicians. Special attention has been given to preventive measures, in particular to the problem of Tuberculosis. New quarters were provided for isolation of men patients suffering from this disorder which we feel will limit the spread of contagion to both patients and attendants.

Staff conferences were held twice weekly throughout the year, and a special study group of the medical staff held over twenty meetings to discuss modern psychiatric problems. Professor Richards, of Brandon College, gave a series of lectures in psychology to this group.

Four meetings of the Brandon District Medical Society were held at the hospital in association with the medical staff. The opportunity afforded us in having medi-



cal student internes during the summer months is much appreciated and is awakening quite an interest in the Mental Health field of medicine.

Occupational and recreational activities reached a new level of efficiency during the year. The following quotations are from the report of Dr. Stuart Schultz, physician in charge of this department:

"Institutional work has been carried on effectively, with patient labor assisting to a large extent in the laundry, on the farm, and on the wards. Seven formal occupational classes have been directed by two occupational therapists and three institutional aides. In these classes eight hundred pairs of shoes have been repaired and one hundred and ninety thousand sheets printed by our press. Ten thousand articles have been manufactured for the institution, and this is exclusive of the twenty-four hundred smocks and overalls made in the tailor shop. Cash sales of other articles realized thirteen hundred dollars.

"The difficulty facing the Department is to find suitable outlets for productive labor. We are hoping to increase the output of the tailoring department by making overalls for other Government institutions. We believe the efficiency of the printing press can be increased by the purchase of modern type and the addition of a one horse power motor."

The financial statement of this division of our work is most encouraging and is appended with the Bursar's financial statement.

A great variety of entertainments were held and appreciated by the patients. The annual field day was attended this year by 498 patients. Summer field sports and winter activities are engaged in by scores of the patients. Formal functions were:

May 26, 1936—Field day and picnic.

June 17, 1936—Dance Revue, Miss Gladys Williams.

Nov. 25, 1936—St. George's Dramatic Society, Mr. Rogers.

Dec. 21 and 22, 1936—Patients Christmas Tree and Operetta, Song of the Nile, Dr. Schultz.

April 28, 1937—St. Augustine's Dramatic Society.

May 3, 1937—Male Voice Choir, Mr. John Davies.

### MENTAL HEALTH SERVICE

During the last year this service has continued to carry on a regular service in Brandon. We are now finding that this area is being covered and as a result, the number of first contacts are gradually dropping off and more time is being given to follow-up work. During the year there were 39 clinics held with 248 patients seen. Other interviews with guardians, teachers and social workers numbered 252. Valuable assistance was rendered by Miss E. McPhail, who contacted 157 homes and made 15 visits of co-operation.

We would like to acknowledge our indebtedness to students in Social Psychology of Brandon College for their assistance in our clinic work.

We have extended our rural child guidance clinics to include two more centres, Belmont and Rosburn. Sixteen centres were visited and 150 cases seen, and home visits by Miss McPhail numbered 133. Two hundred and five interviews were given parents and teachers and 37 follow-up visits made.



It has been found advisable to hold the out-of-town clinics preferably on a week-day in order that teachers wishing to be at the clinic for advice, will be able to attend more readily. It is of note that the school inspectors are showing great interest in the clinics and are assisting very materially in their welfare.

Other districts are becoming interested in these clinics but so far it has been necessary to curtail our activities as the extra time cannot be spared from the hospital duties.

### LABORATORY AND X-RAY DEPARTMENTS

The outstanding work of the year has been the examination by radiography of the chests of all patients who had not received this service previously. Also there has been an increase in the number of repeated X-Ray films of those suffering from Tuberculosis. We are indebted to the staff of the Manitoba Sanatorium at Ninette for the reading of those films that show shadows indicating disease or that are doubtful.

A routine measure recently introduced is the annual examination by the Mantoux test and by radiography of the nurses during their three years of training. Recently, of eighteen in the first year, two gave a positive reaction to 0.001 mgm. of old tuberculin, of twelve in the second year four, and of nine in the third year seven, with an eighth doubtful.

Despite the periodic vaccination against Typhoid Fever, two of the patients died of the disease this year. It is encouraging to learn that in the preparation of the vaccine received more recently, the antigenic property has been enhanced by monthly passage of the bacilli through mice.

Recently the Laboratory assisted in a medical survey of the Indians living on Reserves. Of 110 samples of blood collected from those on the Pipestone Reserve three showed a partial reaction to the Wassermann test and one other a doubtful reaction.

Among equipment added during the year are an Arnold sterilizer and a Potter-Bucky diaphragm. The latter has proved particularly useful in obtaining clear plates of the pelvis and hip. Arrangements have been made to commence encephalography as soon as the engineers can erect the necessary support for the diaphragm.

The renovations to the dairy barn recommended in last year's report have been largely carried out. Ten new stalls added, all cement work renewed, better drainage secured, and better facilities acquired for washing up. With the completion of more adequate toilet facilities for dairy attendants, now under construction, the conditions will meet reasonable requirements of safety and appearance.

Of lectures to the nurses of the second year, Miss McCulloch, A.R.R.C., has given a course of twelve on bacteriology; Miss Anderson, R.N., Public Health Supervisor of Western Manitoba, a course of five on Public Health Nursing, and Doctor Rawson one of twenty on Public Health and Communicable Diseases.

### SUMMARY OF WORK

#### Pathological:

No. of autopsies .....	20
No. of blocks of tissues from autopsies embedded .....	388
No. of sections of autopsy material stained by routine method.....	432

No. of sections of autopsy material stained by special methods.....	23
No. of pathological specimens examined for outside surgeons.....	23
No. of blocks from these embedded for outside surgeons .....	101
for hospital .....	18
No. of sections of these stained for outside surgeons .....	144
for hospital .....	24
No. of guinea pigs inoculated for test for Tuberculosis .....	14
No. of blocks embedded from these .....	6
No. of sections stained from these .....	23

#### Bio-chemical and Serological:

Blood counts .....	647
R.B.C. ....	575
W.B.C. ....	608
Hgb. and C.I. ....	556
Differential .....	532
Urinalyses .....	1,389
Tests for albumen .....	1,325
sugar .....	1,370
bile .....	4
acetone .....	144
diacetic acid .....	16
reaction .....	1,330
specific gravity .....	1,330
Microscopic examination .....	1,322
Sugar quantitative .....	64

#### Blood Chemistry:

Estimation of urea nitrogen .....	22
of sugar .....	87
hyperglycaemic index .....	13
of sodium bromide .....	2
of cholesterol .....	0
of calcium .....	3
Icterus Index .....	2
Viscosity .....	1
Erythrocyte sedimentation .....	41
Alkali Reserve .....	2
Coagulation time .....	2
Bleeding time .....	2

#### Wassermann Reactions:

Blood .....	659
Cerebrospinal fluid .....	88

#### Other tests on C.S.F.:

Cell count .....	115
Test for Globulin .....	115
Takata Ara Reaction .....	99
Colloidal Gold .....	96
Colloidal Mastic .....	80
Sugar Estimation .....	5
Differential Cell Count .....	4
Chloride Estimation .....	0
Albumen Estimation .....	0



## Agglutination Tests:

## Macroscopic:

B. typhosus .....	44
B. paratyphosus A. ....	3
B. paratyphosus B. ....	5
B. melitensis (human) .....	14
B. abortus (bovine) .....	245

## Microscopic:

B. typhosus .....	6
B. paratyphosus A. ....	0
B. paratyphosus B. ....	1

## Faeces, examination for

Blood, microscopic .....	7
chemical .....	6
Bile .....	0
Parasites .....	1

## Cultures:

Milk samples .....	681
cultures .....	2,899
Water samples .....	460
cultures .....	1,686
Urine samples .....	116
cultures .....	237
Faeces samples .....	119
cultures .....	1,182
Blood samples .....	21
cultures .....	130
Throat swabs .....	63
cultures .....	65
C.S.F. smears .....	0
cultures .....	0
Cervical smears .....	18
Vaginal smears .....	11
Prostatic secretion .....	2
Urethral discharge smears .....	31
Various smears .....	34
cultures .....	28
Sputum for T.B. ....	132
Augogenous vaccines .....	11
Gastric Analyses .....	7
Basal Metabolic Rates .....	16
Blood matching (grouping) .....	11
Preparation of normal saline:	
glucose saline .....	48,260 cc.
Examination of pleural fluid—samples .....	6
tests .....	38
Milk test for butter fats and solids .....	25

X-Ray Plates:

Chest:		Upper Limb .....	23
Staff and Applicants.....	168	Ribs .....	3
Patients .....	1,275	Spine .....	13
Others .....	7	Abdomen .....	1
Head .....	2	Lower Limb .....	40
Dental .....	5		

Biologics Supplied, May, 1936, to April, 1937:

	To Hospital	To Outside Points
Diphtheria Toxoid, 12 person outfit.....	-----	1
6 " " .....	-----	1
1 " " .....	-----	2
Diphtheria Antitoxin, 5,000 units .....	-----	4
10,000 " .....	-----	4
20,000 " .....	-----	2
Schick test .....	4	-----
Scarlet Fever Toxin .....	-----	2
Scarlet Fever Antitoxin—Therapeutic .....	-----	14
Prophylactic .....	-----	3
Dick Test .....	1	-----
Smallpox Vaccine .....	19	-----
Typhoid Paratyphoid Vaccine—10 cc. vials.....	100	5
Single person .....	1	-----
Tetanus Antitoxin—1,500 units .....	3	-----
Anti-Poliomyelitis Serum .....	1	168

Preventive Treatments Given to Members of the Staff:

Typhoid Vaccination—3 doses .....	183
Smallpox Vaccination .....	21
Schick Test .....	44
Dick Test .....	8
Mantoux Test .....	95

Summary of Public Health Work, May 1, 1936, to April 30, 1937:

Wassermann Test (blood) .....	294
(C.S.F.) .....	25
Other tests on C.S.F.: Cell counts .....	47
Globulin estimations .....	47
Takata Ara .....	35
Colloidal Gold .....	33
Colloidal Mastic .....	25
Estimation of sugar .....	4
Differential cell count .....	1
Culture .....	1
Agglutination Tests:	
Macroscopic: B. Typhosus .....	15
B. Paratyphosus A. ....	3
B. Paratyphosus B. ....	3
B. Melitensis abortus	
human serum .....	10
bovine serum .....	178
Microscopic: B. Typhosus .....	5



Blood counts, complete .....	10
Blood Chemistry: Estimation of sugar .....	3
Estimation of bromides .....	1
Estimation of urea nitrogen .....	1
Bacteriological Examination of:	
Milk .....	247 samples      861 cultures
Water .....	189      "      846      "
Urine .....	12      "      84      "
Faeces .....	12      "      104      "
Joint fluid .....	1      "      2      "
Pus .....	2      "      3      "
Sputum .....	1      "      3      "
Throat swabs .....	8      "      8      "
Genito-urinary smears	36      "
Swab from ear .....	1      "
Blood (human) .....	3      "      10      "
Blood (equine ) .....	4      "      17      "
Examination of sputum for B. Tuberculosis .....	2
Inoculation of guinea pigs for T.B. test .....	7
Examination of pleural fluid:	
Smears .....	5
Rivolta test .....	2
Protein estimation .....	2
Differential cell count .....	1
Autogenous vaccines prepared .....	3
Urinalyses .....	5
X-Ray plates of chest .....	7
dental .....	1
Pathological specimens examined .....	23
Blocks embedded .....	101
Sections stained .....	23
Examinations of milk. Butter fat and solids .....	2

### SURGICAL WORK

There has been very little major surgery done. Otherwise this department has carried on efficiently and the work has been considerable and up to former standards.

#### Summary of Work:

Trays to wards .....	234	Ear treatments .....	43
Dressings .....	32	Throat treatments .....	18
Minor surgery .....	30	Rectal examinations .....	1
Major surgery .....	3	Pelvic examinations .....	17
General anaesthetics .....	5	Cystoscopic examinations .....	1
Spinal anaesthetics .....	1	Gynaecological treatments .....	7
Intravenous injections .....	652	Aspirations .....	2
Intramuscular injections .....	485	Plaster casts .....	1
Physical examinations .....	19	Pneumothorax .....	115
Lumbar punctures .....	49	Typhoid inoculations .....	914
Ear examinations .....	1		

### DENTAL WORK

There are no further recommendations to be made in regard to this department

unless it be to point out that there are now three hundred more patients in residence than when the service was inaugurated on a half-time basis. So far, however, we feel that the service has been fairly adequate to our needs.

#### Summary of Work:

Number of visits .....	1,125
Resistive .....	6
Extractions .....	938
Anaesthetic—local .....	767
general .....	2
Scaled and polished .....	671
Gum treatment .....	255
Amalgam filling .....	84
Cement filling .....	14
Porcelain filling .....	19
Dentures, (including remakes and relining) .....	48
Repairs .....	6

#### TRAINING SCHOOL

The staff of our school at present is composed of 50 mental hospital graduates, 9 registered nurses who have diplomas in mental nursing, and 34 pupil nurses. The demand for post-graduate instruction is decreasing slightly and this was anticipated. We nevertheless have sufficient applications to meet our requirements and it is becoming quite evident that such training is needed to meet the needs of our own institution. Our pupil nurses have again received excellent instruction in obstetrical nursing from Dr. W. S. Peters and have had considerable experience in observing actual cases during confinement and in performing nursing duties during their attachment to the Public Health Nursing Service of the City.

The academic year closed with graduation exercises on June 2, 1937. On this occasion 9 nurses and 6 attendants received diplomas. The chair was occupied by Dr. A. T. Mathers. Hon. Ivan Schultz, Minister of Education, gave the graduation address. Mr. T. A. Neelin presented the Blanche Eugenie Baragar Memorial, making a fitting tribute to the work of Dr. and Mrs. Baragar. Hon. I. B. Griffiths, Minister of Health and Public Welfare, and Dr. F. W. Jackson honored us with their presence.

#### RESEARCH

Mr. E. Wilkes Wright spent four months in research at the hospital making an analysis of 560 first admissions with a view to determining etiological factors in Manitoba. He submitted a thesis on the subject in partial fulfilment of the requirements for the Degree of Master of Arts.

Mr. Walter Bachinski and Dr. J. J. Rae of Brandon College made a study of the urinary phosphate in the psychoses. Further work is indicated in this field as a result of their findings.

#### GENERAL LIBRARY

No new books were added during the year. The plan of placing books on wards has been successful. Generous gifts of periodicals have been forwarded continuously, and daily newspapers and weekly news films with radio broadcasts serve to keep up interest in current world events.



### MEDICAL LIBRARY

Occasional books only have been added. The staff have shown an increasing willingness to purchase books for their own personal libraries. We received a valuable addition in the estate of the late Dr. C. A. Baragar who bequeathed 184 volumes, chiefly on mental and nervous diseases. There were also some old books of increasing historical value.

### RELIGIOUS SERVICES

Interest in the Sunday afternoon chapel services continues. These have been well attended. Our thanks are extended to the clergy of the various denominations who have conducted them and to the church choirs. The Anglican and Roman Catholic denominations have celebrated Holy Communion and Mass on several occasions during week days.

### ACCOMMODATION AND ALTERATIONS

The chief work carried on this year has been provision for the segregation of men suffering from Tuberculosis. Fairly adequate facilities are now available to ensure safety to staff and patients.

Repairs were carried out in the dairy and horse barns. A new workshop was added to the horse barn for the repair of farm machinery and shoeing of horses.

Our chief demand at present is for increased accommodation for women patients. Our chronic service is greatly overcrowded and unless the unexpected occurs and admissions decrease, we will shortly find ourselves in a position of overcrowding which will seriously interfere with efficient treatment and render the lives of patients intolerable.

Attention is being given to provision of quarters to increase staff in order to provide for a six-day-week. This can be done for attendants by the undesirable plan of having employees sleep in rooms immediately adjoining patients' dormitories, a situation which can only be remedied by the erection of staff quarters for resident male staff.

A small addition to the Nurses' Home, which I think could be erected at a cost of approximately twenty thousand dollars or less to accommodate twenty additional nurses, would provide space to implement the Government's plan of instituting the six-day-week for nurses and give a little leeway for future increases.

Your attention is again drawn to the necessity of provision for stores which would centralize operations and meet the recommendations of the Comptroller-General's Department.

### LINEN AND SEWING ROOMS

This division has been carrying on admirably as the following summary of work indicates:

	Room No. 1	Room No. 2
Aprons, kitchen .....	-----	1,176
"    nurses' uniform .....	529	-----
Bags, laundry .....	-----	24
"    candy .....	-----	1,622
Binders, T. ....	-----	18
"    scultetus .....	-----	9

Bathmats .....		2
Belts, nurses' uniform .....	210	
Bibs, nurses' uniform .....	398	
" feeding .....		90
Blankets .....		449
Bedspreads .....		392
Caps, nurses' uniform .....	77	42
Collars, nurses' uniform .....	365	
Cuffs .....	261	
Covers, electric pad .....		4
" bedpan .....		24
" cushion .....		56
" bench .....		5
" dressing table .....		14
Curtains, scrim .....	pairs	135
" cretonne .....	pairs	119
Curtain tie-backs .....	pairs	47
Dresses .....	478	150
" nurses' uniform .....	252	
" nurses' uniform tops .....	72	
skirts .....	5	
Doctors' gowns .....		50
Foment wringers .....		28
Glove wraps .....		48
Hypodermic rolls .....		4
Nightgowns .....		250
Nightshirts .....		235
Pillows .....		31
Pillowslips .....		1,750
Pneumonia jackets .....		18
Restraining ties .....		84
Serviettes .....		302
Sheets .....		1,667
Sheets, draw .....		324
Shrouds .....		72
Slings .....		84
Towels, bath .....		2,363
" dish .....		3,104
" doctors' .....		365
" hand .....		571
" roller .....		6
Traycloths .....		48
Tablecloths .....		241
Underskirts .....		468
Wash cloths .....		91
Repairs .....		6,232
Repairs to nurses' uniform dresses .....	47	
" " " " aprons .....	204	
" " " " bibs .....	106	
" " " " collars .....	143	
" " " " cuffs .....	15	
" " " " caps .....	4	
" " " " belts .....	38	
Repairs to laundry bags .....	22	



Summary of Work Done in Linen Room:

	Repaired	Salvaged
Bedspreads -----	2,237	73
Sheets -----	7,450	155
Sheets, draw -----	1,118	35
Pillowslips -----	1,520	47
Towels -----	2,363	240
Serviettes -----	13	-----
Tablecloths -----	51	-----
Blankets -----	108	-----

FARM

In spite of bad crop conditions the farm continues to show a profit. The revenue exceeded expenditures by \$1,728.05. With improved precipitation it is anticipated that much expenditure for feed would be obviated. Mr. Crawford's effort to beautify the grounds, particularly around the barns, is 'beginning' to show results. The Farm Superintendent's report gives many details of interest relating to current operations and future plans.

EXPENDITURES

Little need be said in regard to the financial situation other than is contained in the Bursar's report. It is perhaps noteworthy that in spite of an increase of 71 in daily average population the total increase in cost was only \$1,786.67. The daily per capita cost was reduced from 84.67c to 80.90c.

I wish to thank you most sincerely for your counsel at all times and would request you to extend to the Minister of Health and Public Welfare and his Deputy, my gratitude for their appreciation of and interest in our problems. As mentioned so regularly in the past, the loyalty of co-operation of the resident staff is most commendable.

I have the honor to be, Sir,

Your obedient servant,

T. A. PINCOCK,

Medical Superintendent.

TABLE No. 1.

THE MOVEMENT OF PATIENTS

From May 1, 1936, to April 30, 1937

	Male	Female	Total
Remaining under treatment at May 1, 1936 -----	753	595	1,348
On Parole or otherwise absent -----	16	18	34
Total -----	769	613	1,382

First Admissions During the Year:

	Male	Female	Total
General admissions -----	19	41	60
Voluntary admissions -----	1	3	4
Other sources -----	49	33	82

**Re-admissions:**

General admissions .....	5	16	21
Voluntary admissions .....	4	0	4
Other sources .....	7	7	14

**Transfers:**

From Psychopathic Hospital, Winnipeg	29	24	53
From Selkirk Hospital for Mental Dis.	1	15	16
From Manitoba School, Portage la Pr.	1	0	1

	116	139	255	116	139	255
--	-----	-----	-----	-----	-----	-----

<b>Total Number Treated</b> .....				<u>885</u>	<u>752</u>	<u>1,637</u>
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**Discharged:**

As recovered .....	14	9	23
As much improved .....	15	9	24
As improved .....	17	17	34
As unimproved .....	8	13	21
As not psychotic .....	2	4	6

	56	52	108	56	52	108
--	----	----	-----	----	----	-----

**Transferred:**

To Psychopathic Hospital, Winnipeg	1	0	1
To Manitoba School, Portage la Prairie	1	1	2
	<u>2</u>	<u>1</u>	<u>3</u>

	2	1	3	2	1	3
--	---	---	---	---	---	---

<b>Deported</b> .....	1	0	1
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<b>Eloped</b> .....	3	0	3
---------------------	---	---	---

<b>Died</b> .....	38	28	66
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<b>Total number Discharged, Transferred, Deported, Eloped and</b>			
---	--	--	--

<b>Died during the year</b> .....	<u>100</u>	<u>81</u>	<u>181</u>
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<b>Remaining under Treatment April 30, 1937</b> .....	763	649	1,412
---	-----	-----	-------

<b>On Parole or otherwise absent</b> .....	22	22	44
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<b>Total</b> .....	<u>785</u>	<u>671</u>	<u>1,456</u>
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**FARM**

Brandon, Man., April 30th, 1937.

Dr. T. A. Pincock,  
Medical Superintendent,  
Hospital for Mental Diseases,  
Brandon, Man.

Dear Sir:

I have the honor to submit the forty-seventh annual report of the farm, garden and grounds, for the fiscal year ending April 30th, 1937.



## FIELDS

The cultivated acreage on the farm was devoted to the production of the following crops:—

### Cereals:

Wheat	135 acres, yield 1,855 bus. Grade No. 1 Northern.
Barley	71 acres, yield 2,165 bus. Grade No. 3 C.W.
Oats	45 acres, yield 100 bus. Grade No. 3 feed, and 15 tons hay.
Corn	35 acres, yield 20 tons.

### Hay:

Oats and peas	4 acres, yield 4 tons.
Fall rye	40 acres, yield 20 tons.
Sorghum	10 acres, yield 30 tons.

**Roots**.....12 acres, yield 60 tons.

Potatoes .....67 acres, yield 7,410 bushels.

**Garden**.....30 acres.

**Alfalfa** .....27 acres, yield 60 tons. (20 acres seeded in spring of 1936, no yield until 1937.)

**Sweet Clover** .....219 acres, yield 180 tons.

**Pasture**.....290 acres, clover and grasses.  
70 acres, native.

The remainder of the farm, or approximately 300 acres, consists of grounds, roads, fences, hills and native pasture.

All cereal crops were planted by May 17th under favorable soil and moisture conditions. Weather during the growing season, especially in July and August, was unsuitable for growth and development of plant life. The excessive heat with no accompanying moisture caused premature ripening, with reduced yields.

The rainfall for the growing season was 6.4 inches, this being less than half the average for the district over a ten-year period. It is quite remarkable that the cereal crops returned such a yield. This yield can only be accounted for by a surplus of moisture carried over in the soil from the previous year.

## HAY AND PASTURE CROPS

Sweet clover and grasses sown in 1935, using the cereals as nurse crops, came through the winter well and produced a reasonably good yield. Haying began early, and owing to the dry hot season a higher quality of hay was saved.

Pastures were available for use very early in the season. The heifers were in pasture May 7th and the milk herd went out on May 17th.

In the spring of 1936 one hundred and eighty-five acres were seeded to sweet clover. Fifty acres gave evidence of a satisfactory catch, but the remaining 135 acres showed only a partial stand, hence fall rye was seeded in September to thicken up the stand, with the possibility of a heavier stand of hay in 1937.

## GROUNDS

In addition to the regular work necessary for the upkeep of the grounds, lilacs, elms, carraganas, with willow for hedges, were planted. An attempt was made to water these occasionally. Practically everything planted is budding out nicely this

spring. The area east of the main entrance to the main building was dug out, and good soil hauled. This was seeded in grass in April and is showing a satisfactory catch.

I would recommend that a number of parole patients be selected and allotted a small block of the grounds each to take care of during the summer months. I am confident that by this arrangement the grounds would present a neat appearance at all times.

It will be necessary to spend some money during the summer and fall for the purchase of perennials for the borders. Annual flowers occupy a great deal of the gardeners' time in the greenhouse and in transplanting, and there is no bloom until midsummer. Perennial borders with a few annuals here and there present some color during the entire summer.

### LIVE STOCK

**Horses:**—The horses have done a great deal of work during the past year but are in splendid working condition. One aged team was sold and replaced with a young team. One colt was raised.

**Dairy Cattle:**—There are 160 cattle in the herd as follows: 3 bulls, 86 cows, 53 heifers, 18 heifer calves. One bull was purchased from the Colony Farm, Essendale, B.C. This is an outstanding young bull, and since he was purchased his dam has made a Canadian record as a two-year-old with 23,550 lbs. of milk testing 3.46 per cent. This makes this bull quite a valuable asset in our herd. Three young bulls were sold for a total of \$270.00.

The practice of culling the herd from the standpoint of production and disease has been continued. This, of course, has lowered milk production, but over a period of years should prove a profitable procedure.

The extreme heat of July and August, coupled with dry pastures, resulted in reduced milk flow. Green feed was supplemented in the barn but it was impossible to get the cows to respond. Each summer seems to present several factors which work a hardship on the cow, hence a reduced yield of milk. In view of this, some consideration has been given to the plan of keeping the cows in the barn continually except for a few hours in early morning. This entails more labor, and it would be necessary to draw green feed to the barn. However, it is reasonably certain that a steady flow of milk could be more easily maintained by following this method.

The milk herd will be increased by heifers grown on the farm to over one hundred head.

The patient staff at the dairy barn are not very useful except for rough work. During the winter some patient help is required to clean cows. It is recommended that a useful and clean group of patients be selected for the dairy barn, and that these be left fairly permanent, and not transferred to other departments. Considerable time is required to teach patients how to do useful work in the dairy barn, and constant transfers lower the efficiency of all work done in the barn.

<b>Hogs:</b> —Hogs on hand—Boars.....	2
Sows .....	39
Feeders .....	117

The hog department has improved a great deal over previous years in the matter of increased production and freedom from disease. During the winter season the



piggery was overcrowded. This was especially the case in March, when the spring litters were coming. If production of hogs for fresh pork and bacon is to be continued, it will be necessary in the near future to build a winter farrowing house. Two or three reasonably good-sized colony houses will be required this fall. These will be used for winter quarters for breeding sows. Owing to shortage of feed, the majority of sows will not farrow till the summer months. A sufficient number of young pigs are now on hand to take care of early fall requirements. The piggery yards were changed and fences moved. This makes for cleaner surroundings.

### MACHINERY

The equipment is gradually being increased, replaced, and repaired, to bring it up to the necessary standard for a farm of this size. New implements required are a hay rake, grain crusher, cutting box, and a power binder. There is a great deal of time lost with the cutting box. The binders now on hand would not handle a heavy crop without a great deal of repairs and loss of time.

A new tractor has just been purchased as a replacement. It is suggested that a depreciation account be set up for tractors, similar to that for automobiles, thus making provision for replacements of tractors when necessary.

### IMPROVEMENTS

A great deal of time was spent in repairing and building fences. Drift sand was removed from some fences. Roads were gravelled, and a cinder road built part way to the Colony Building.

The staff have been co-operative and interested in the work of the various departments.

Respectfully submitted,

J. E. CRAWFORD,

Farm Manager.

### FINANCIAL STATEMENT

Farm Report, 1936-1937

April 30, 1937

Expenditure on upkeep of Farm .....	\$ 7,254.11
Salaries of staff .....	6,991.91

Total .....	\$14,246.02
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Live stock on hand .....	\$11,870.00
Farm and garden produce on hand .....	3,386.35

Total .....	\$15,256.35
-------------	-------------

Produce sold to hospital .....	\$14,835.93
Sales handed to Bursar .....	1,138.14

Total .....	\$15,974.07
-------------	-------------

Work done for hospital:

628 days @ \$2.50 per day, patient teamsters .....	\$ 1,570.00
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BURSAR'S REPORT

Brandon, 30th April, 1937.

Dr. T. A. Pincock,  
Medical Superintendent,  
Brandon Hospital for Mental Diseases,  
Brandon, Manitoba.

Sir:

I find much pleasure in submitting the Bursar's Report for the fiscal year 1936-37.

Hereto are attached detailed comparative expenditures of the three appropriations for the past seven years.

May I again assure you of my loyal co-operation, and express my appreciation for the continuous happy relationship.

Most sincerely yours,

GEO. A. FITTON,  
Bursar.

REPORT OF BRANDON HOSPITAL FOR MENTAL DISEASES—  
OCCUPATIONAL DEPARTMENT

April 30, 1937.

Equipment:	A. Unit Male .....	\$174.82	
	B. Unit Female .....	348.05	
	C. M. B. Female .....	100.00	
	F. Tailor Shop .....	652.08	
	G. Toy Shop .....	528.95	
	Total .....		\$1,803.90
Purchases:	Merchandise .....	\$490.00	
	Equipment .....	58.94	
	Expenses .....	20.65	
	Total .....		569.59
Sales: May 1, 1936, to April 30, 1937:			
1. Cash	A. Unit Male .....	\$106.08	
	B. Unit Female .....	218.01	
	C. M.B. Female .....	345.89	
	G. Toy Shop .....	640.85	
	Accounts .....	72.90	
	Total .....		1,383.73



2. Institution:

A. Unit Male .....	\$ 12.25	
Printing .....	600.00	
Shoe Repairing .....	79.40	
B. Unit Female .....	7.80	
C. M.B. Female .....	190.74	
F. Tailor Shop .....	862.40	
G. Toy Shop .....	1.60	
Total .....		1,754.19

Stock on Hand:	Materials	Articles	Total
A. Unit Male .....	\$ 51.37	\$ 6.04	\$ 57.41
B. Unit Female .....	143.68	10.73	154.41
C. Main Building .....	185.40	-----	185.40
G. Toy Shop .....	-----	38.55	38.55
	\$380.45	\$55.32	\$435.77

PROFIT AND LOSS

ASSETS:

Cash Sales .....	\$1,383.73	
Institution Sales .....	1,754.19	
Stock .....	435.77	
		3,573.69

PURCHASES: .....		569.59
Profit .....		\$3,004.10

STUART SCHULTZ,  
Medical Director.

YEARLY EXPENDITURE

8-6A.

ADMINISTRATION AND SUBSISTENCE:

	1930-1	1931-2	1932-3	1933-4	1934-5	1935-6	1936-7
Provisions or Subsistence -----	\$108,701.57	\$ 93,930.17	\$ 79,530.63	\$ 75,899.57	\$ 85,621.56	\$ 94,268.56	\$ 97,361.46
Travelling Expenses -----	631.55	603.75	555.35	750.70	663.54	1,055.07	1,335.17
Ice -----	265.64	656.27	453.91	360.97	304.50	292.16	325.48
Laboratory -----	1,479.34	1,071.36	1,223.58	1,283.35	1,502.23	2,036.16	2,113.66
Drugs -----	4,122.35	3,758.26	3,205.56	3,519.47	3,015.91	3,074.71	3,774.28
Dentistry -----	476.50	284.29	143.23	264.67	402.45	486.32	280.82
X-Ray -----	328.00	215.00	177.00	468.50	864.50	805.50	359.50
Laundry (New Washer) -----	8,499.32	3,839.40	3,844.40	3,532.54	3,916.68	4,950.28	5,333.55
Office -----	1,469.77	1,422.65	1,410.68	1,820.98	1,394.19	1,551.96	1,585.78
Religious Services -----	525.00	650.50	500.50	493.00	466.65	492.00	545.00
Entertainments -----	1,886.58	2,070.16	2,060.13	2,239.24	2,016.39	2,688.50	2,395.10
Tobacco -----	1,583.64	1,702.03	1,317.63	1,840.79	1,400.20	1,881.87	1,954.75
Freight -----	1,255.73	1,166.34	1,035.63	682.85	714.55	844.40	1,030.12
Dry Goods -----	10,059.16	9,274.75	9,484.97	4,321.88	7,395.76	9,202.73	7,127.78
Crockery -----	999.66	627.70	695.06	770.77	843.41	1,272.55	1,054.72
Cleaning Supplies -----	4,653.81	4,636.77	4,154.15	4,456.28	4,976.63	4,367.05	4,628.17
Hardware -----	1,388.47	1,190.30	1,217.22	897.03	1,309.66	1,854.41	1,394.50
Incidentals -----	7,211.47	2,451.87	2,177.80	4,548.44	9,406.48	4,080.13	2,732.28
Clothing -----	21,020.81	15,701.03	14,401.57	11,152.43	16,792.97	17,133.54	16,729.74
Salaries -----	169,710.94	163,016.33	142,459.38	137,194.11	137,178.13	147,140.25	150,826.68
Bus (New Bus) -----	1,910.86	462.52	442.98	382.40	459.95	622.74	434.96
Furniture -----	-----	-----	847.58	1,461.84	1,506.43	817.11	1,242.98
TOTAL -----	\$348,640.46	\$308,738.45	\$271,338.99	\$258,342.90	\$282,152.77	\$300,918.00	\$304,566.46



YEARLY EXPENDITURE

B-6B.

FARM:

	1930-1	1931-2	1932-3	1933-4	1934-5	1935-6	1936-7
Salaries	\$10,399.92	\$ 9,398.60	\$ 8,221.38	\$ 6,461.46	\$ 6,105.81	\$ 6,686.02	\$ 6,991.91
Supplies	7,692.05	5,130.17	1,658.96	4,770.89	5,143.39	5,096.74	5,488.03
Light and Power	8,357.59	8,323.84	8,697.21	1,380.00	1,380.00	1,080.00	780.00
Sundries	668.15	529.30	2,688.71	2,439.16	2,293.85	1,019.88	986.08
TOTAL	\$20,260.12	\$16,438.07	\$13,949.05	\$15,051.51	\$14,923.05	\$13,882.64	\$14,246.02

XI-22

OPERATION AND MAINTENANCE:

	1930-1	1931-2	1932-3	1933-4	1934-5	1935-6	1936-7
Fuel	\$40,627.70	\$39,770.49	\$37,848.08	\$35,630.89	\$33,559.20	\$39,313.96	\$37,660.15
Light and Power	8,357.59	3,323.84	8,697.21	9,383.20	9,684.54	10,109.64	10,567.21
Water	695.55	4,161.72	4,369.02	5,070.55	4,881.19	5,207.48	5,498.63
Supplies and Repairs	7,673.69	7,369.37	5,540.31	6,889.00	8,501.70	7,598.01	7,753.50
Paint	961.27	699.70	593.82	624.25	1,135.82	1,104.12	925.28
Gasoline and Oil	61.49	26.37	36.85	117.66	60.05	110.21	153.57
Salaries	29,000.46	28,157.70	25,352.81	24,660.09	25,326.91	27,986.92	26,821.27
Freight	277.02	136.89	206.32	145.17	282.99	328.49	242.23
Incidentals	183.27	215.01	324.62	4,772.15	218.55	369.27	279.99
TOTAL	\$90,838.07	\$88,861.09	\$82,969.04	\$87,292.96	\$83,650.95	\$92,127.10	\$89,901.93

# Selkirk Hospital for Mental Diseases

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Selkirk, Manitoba,  
May 1, 1937.

Dr. A. T. Mathers,  
Provincial Psychiatrist,  
Winnipeg, Manitoba.

Sir:

I have the honor to submit the Annual Report of the Selkirk Hospital for Mental Diseases for the year ending April 30, 1937. As part of the Report there are appended the usual Statistical Tables.

**Movement of Population**—The Hospital year opened with 502 men and 335 women in residence—a total of 837. At its close there were 510 men and 334 women under care—a total of 844—this being an increase of 7. The total number under treatment during the year was 1,017—598 men and 419 women—an increase of 38 over the preceding year. The lowest number in residence was 822 on June 3, 1936, and the highest number 850 on April 4, 1937. The daily average for the year was 840.76 as compared with 822.16 last year—an increase of 18.6.

**Admissions**—A total of 151—78 men and 73 women. Of these, 116—62 men and 54 women—were **First Admissions**, and 35—16 men and 19 women—were **Readmissions**.

**Psychoses of First Admissions** show that 48% (56) were Dementia Praecox, an increase of 8% over last year; 11% (13) were Manic Depressive, a decrease of 9%; 6% (7) were Senile, a decrease of 2%; 7.7% (9) were General Paralysis of the Insane, an increase of 2.7%; 5% (6) Cerebral Arteriosclerosis, an increase of 4%. The percentages of other psychoses were relatively small.

**Nativity (All Admissions)**—Summarized, the Nativity of Admissions is as follows, in percentages:

Canada and Newfoundland .....	51
United States .....	3.97
Great Britain and Ireland .....	13.24
Europe and Asia (including Iceland) .....	31.79

**Racial Distribution (First Admissions)**—Table No. 6 reveals the following approximate percentages:

Slavonic .....	30	German .....	7
English .....	18	Scandinavian .....	7
Irish .....	9.4	French .....	6
Scotch .....	7		

and other races were represented by small percentages.



**Age Distribution (First Admissions)—**

Under 15 years .....	1	45 to 49 years.....	11
15 to 19 years.....	14	50 to 54 years.....	9
20 to 24 years.....	17	55 to 59 years.....	10
25 to 29 years.....	11	60 to 64 years.....	3
30 to 34 years.....	14	65 to 69 years.....	---
35 to 39 years.....	10	Over 70 years.....	6
40 to 44 years.....	10		

**Educational Status (First Admissions)**—Illiterate 4; Read and Write, 10; Common School, 77; High School, 23; College, 3.

**Environment (First Admissions)**—72 were Urban, and 44 Rural.

**Economic Status (First Admissions)**—21 were classified as Dependent; 52 Marginal, and 43 Comfortable.

**Civil Status (First Admissions)**—54 were Single; 51 Married; 8 Widowed; 1 Separated, and 2 Divorced.

**Readmissions**—These totalled 35—of which number 16 (45.6%) were classified as Dementia Praecox, and 12 (34%) as Manic Depressive.

**Discharges**—60 patients were discharged, the condition on discharge classified as follows:

Recovered 20 (13%); Much Improved 12 (8%); Improved 23 (15.2%); Unimproved 4 (2.6%), and 1 "Not Insane." These percentages are based on Total Admissions.

**Transfers, Deportations and Elopements**—16 patients—15 female and 1 male—were transferred to Brandon Hospital for Mental Diseases.

2 patients were deported to their country of origin.

2 patients eloped and one was not recovered.

**Deaths**—The mortality rate for the year was 5%, the deaths numbering 51—29 men and 22 women. The mortality rate last year was 4.18%. The percentage is based on the total number under treatment.

**GENERAL HEALTH**

The general health of patients and Staff was on the whole good, though we did not escape the epidemic of Poliomyelitis in the autumn of 1936. Two female nurses contracted the disease, both developed paralysis in spite of serum therapy, and both are slowly recovering. A male patient was strongly suspected but as time passed the suspicion had to be withdrawn.

Two cases of Scarlet Fever occurred—a female patient and a Pupil Nurse—the latter being promptly transferred to the King George Hospital in Winnipeg, the former isolated in the Hospital. Both made uneventful recoveries.

Tuberculous patients continue to cause considerable anxiety due to lack of facilities for isolation and treatment. This anxiety is increased by the spread of the disease by unknown cases to members of the Nursing Staff. This problem is being given careful attention and all possible care being taken to protect both patients and Staff.

### MEDICAL WORK

Every effort has been made to keep the standard of medical care at a high level and we feel that the care given to patients and resident employees leaves little to be desired.

For the past six months Insulin "Shock" Therapy in the treatment of selected cases of Schizophrenia has been carried out, an average of twenty patients being under treatment continuously. Though some very gratifying and encouraging results have been secured, it is felt that it is all too early to offer any definite conclusion as to the value of this method of attack of this problem. Results justify a continuance of our investigation of the method and the claims for it advanced by its sponsors.

Laboratory work has shown a very large increase, this increase due in great measure to the Insulin Therapy referred to above. It is hoped to again secure the services of a technician for this important part of the work, releasing the physicians for more important duties.

Autopsies were few, numbering only six, this due to an unaccountable reluctance on the part of relatives to grant the necessary permission.

### DENTAL CLINIC

The report of the Hospital Dentist is as follows:

Patients seen .....	710	Fillings .....	130
Prophylaxis .....	415	Dentures (new) .....	32
Extractions .....	695	Dentures (repaired) .....	9

### TRAINING SCHOOL FOR NURSES

Eight nurses taking their three years' course in Mental Nursing received their diplomas since the last report. Three General Graduates completed their special courses of study in Psychiatric Nursing.

The arrangement existing with St. Boniface Hospital since April, 1932, for affiliate training in Mental Nursing of their Pupil Nurses terminated in March, 1937. This course, as noted in a prior report, was of too short duration to be of definite benefit to the student nurses. The St. Boniface School found it difficult to spare pupils sufficiently advanced in their training to permit of the fullest benefit being derived from the short time of training in this Hospital. The circumstances are unfortunate as it is felt that a nurse's training is not complete without some knowledge of the care of the mentally sick.

### OCCUPATIONAL THERAPY

Regular classroom work has been carried on with patients who are able to attend. For those who are not able to do so ward classes have been organized. A more enlarged number of patients have been occupied regularly with sewing and mending. A not inconsiderable number of patients are regularly occupied in the various kitchens, dining rooms and on the wards. The Laundry also provides an avenue for occupation for a considerable number of women.

The working male patients have been for the greater part engaged in the outside departments such as Power House, Paint Shop, Carpenter Shop, Laundry, Farm and Grounds.



The Hospital Library has been under the charge of the Occupational Therapist and in this she is assisted by a male patient.

### RELIGIOUS SERVICES, ENTERTAINMENTS, ETC.

Religious Services have been held regularly each Sunday throughout the year.

Recreational activities for patients have consisted of weekly dances and entertainments, as has been possible to secure talent.

The radio is in excellent condition and is providing much pleasure for patients and Staff.

### CONSTRUCTION, ALTERATION, REPAIRS, IMPROVEMENTS, ETC.

No new work has been undertaken during the year but all repairs have been promptly taken care of.

We are further indebted to the Dominion Experimental Station at Morden for much valuable advice and assistance in the planning of our grounds. The shrubbery has done exceedingly well despite unfavorable weather conditions and in the course of the next few years the whole Hospital area should present a very pleasing appearance.

### ACCOMMODATION

At the last report 840 beds were in use. Since then ten beds have been added and our present bed capacity is 850. We long ago felt that a maximum had been reached but the demand has compelled us to further overcrowd the wards. I think it may now safely be said that we cannot possibly go beyond the present number.

### FINANCIAL AND FARM

The Bursar's and Farm Superintendent's reports follow:

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Selkirk Hospital for Mental Diseases,  
Selkirk, Man., May 1, 1937.

Dr. E. C. Barnes,  
Medical Superintendent,  
Hospital For Mental Diseases,  
Selkirk, Man.

Sir:

I beg to present the financial and general report relating to this office for the year ending April 30, 1937.

### STATEMENT OF EXPENDITURES AND RECEIPTS

Fiscal Year Ending April 30, 1937

#### EXPENDITURES

##### Administration and Subsistence:

Salaries .....	\$ 84,476.75
Subsistence .....	55,801.84
Clothing .....	4,877.52

Dry Goods .....	\$ 4,980.34	
Cleaning Supplies & Toilet Reqs.....	2,314.54	
Crockeryware .....	1,025.64	
Office Supplies—Printing and Stationery .....	901.64	
Laundry Supplies .....	3,110.41	
Telephone and Telegraphs .....	955.74	
Religious Services .....	536.00	
Medical and Dental Supplies .....	2,823.22	
Fuel for Stoves .....	1,363.10	
Car Depreciation—Gas and Oil .....	920.31	
General Expenses .....	2,608.54	
		21,539.48
Total Administrative Expenses .....		\$166,695.59

**Farm Expenses:**

Salaries .....	\$ 8,133.28	
General Expenses .....	6,090.99	
		14,224.27
Total Health and Public Welfare Expenditure		\$180,919.86

**Power House—Public Works:**

Salaries .....	\$ 15,479.41	
Light and Power .....	13,642.07	
Fuel .....	33,185.28	
General Expenses .....	5,312.38	
		67,619.14
Total Expenditure for Hospital .....		\$248,539.00

**RECEIPTS**

Maintenance .....	\$ 45,908.28	
Farm Products .....	\$13,659.54	
Farm Revenue .....	2,326.21	
		15,985.75
Sundry Revenue .....	445.92	
		\$ 62,339.95
Net Cash Cost of Institution for Year Ending April 30, 1937 .....		\$186,199.05

**Summary of Expenses and Receipts:**

Administration and Subsistence .....	\$166,695.59	
Farm .....	14,224.27	
		\$180,919.86
Add—Decrease in Inventory .....	714.54	
		\$181,634.40
Power House .....	67,619.18	
Deduct—Increase in Inventory .....	464.40	
		67,154.78
Net Cost of Institution for Year .....		\$248,789.18



## Per Capita Cost:

	1936-7	1935-6	1934-5
Total Patient Days .....	306,847	300,904	292,934
Daily Average .....	840.66	822.16	802.60
Gross per Capita Cost .....	\$0.8103	\$0.8256	\$0.847
Net per Capita Cost .....	\$0.6068	\$0.607	\$0.624

## Analysis of Per Capita Cost:

	1936-7	1935-6
Salaries .....	.2754	.326
Subsistence .....	.1819	.184
Clothing .....	.0159	.017
General Expenses .....	.0702	.072
Farm .....	.0464	.047
Power House Salaries .....	.0505	.051
Power House Fuel .....	.1082	.115
Power House Expenses .....	.0618	.064
Total per Capita Cost .....	.8103	.825

The farm made a profit over all expenses of \$1,761.48 as follows:—

Products Consumed in Hospital .....	\$13,659.54
Outside Sales .....	2,326.21
Total Receipts .....	\$15,985.75
Farm Salaries .....	\$ 8,133.28
Farm Expenses .....	6,090.99
	<u>14,224.27</u>
Profit for Year .....	\$ 1,761.48

The expenses include payments for land purchases:

Land Settlement Board .....	\$559.46
Maytag Property .....	275.00

Expenses also include a new brick cookhouse built during the year for pig feeding, at the cost of \$203.19.

Respectfully submitted,

THOS. ALLEN,  
Bursar.

## FARM

Selkirk Hospital for Mental Diseases,  
Selkirk, Manitoba, May 1, 1937.

Dr. E. C. Barnes,  
Medical Superintendent,  
Hospital for Mental Diseases,  
Selkirk, Manitoba.

Dear Sir:—

I have the honor to submit the Annual Report for the Farm, grounds and garden at this institution for the year ending April 30, 1937.

In general, the growing season of 1936 was abnormal in respect to moisture and heat. The total moisture was less than one-half the amount of the average for the previous ten year period. The heat during July was extreme, often running well over the hundred mark in the shade. With the heat there was no accompanying moisture.

The total acreage of the farm is as follows:—

Total land controlled in 1936 .....	1,244.9 acres
Total land used in crops (including Maytag) .....	788. acres
Hospital grounds, yards, roads, bush and pasture .....	456.9 acres

### CEREAL CROPS

The spring of 1936 was quite suitable for spring cultivation and planting. The seeding of the cereal crops was completed May 26th. Growth was normal during June due to a few showers and surplus soil moisture from the previous season. However, in July the continued extreme hot dry weather caused premature ripening with reduced yields. This was particularly true of the barley crop.

#### Yields

Wheat .....	30 acres—	yield 595 bus.—	Grade No. 3 Northern
Oats .....	125 "	" 4,195 "	" No. 2 C. W.
Barley .....	61 "	" 1,429 "	" No. 3 C. W.

### HOED CROPS

Hoed crop yields were reduced materially due to weather conditions. However, in late August and September timely showers proved beneficial and late growth was evident, especially with potatoes.

#### Yields

Corn .....	6 acres—	96 tons.
Potatoes .....	31 "	3,086 bushels.
Roots .....	11 "	136 tons.
Sorghum .....	8 "	40 tons.

### HAY CROPS

All hay crops showed little evidence of winter killing and produced a satisfactory yield. The moisture of 1935 was no doubt the main factor aiding this production. There was no hay purchased and the hay claim in the Netley Marsh was not leased from the Indian Department as in previous years. Hay was harvested on the Maytag property.

#### Yields

Alfalfa and grass mixtures—	165 acres—	105 tons.
Sweet clover .....	101 "	93 tons.
Oats and peas .....	4 "	16 tons

### FIELDS

The routine field work was carried on. An additional 17 acres was broken and prepared for crop. The breaking of another block of about 20 acres will be undertaken this summer.



VEGETABLE GARDEN

The vegetable garden yielded a fair return for the labor expended but normal growth was hindered by adverse weather conditions. Small fruits such as raspberries and currants and peas were damaged to the greatest extent.

Yields

Carrots	14,801 Lbs.	Raspberries	10 Lbs.
Cabbage	17,601 "	Rhubarb	7,292 "
Beets	30,602 "	Radish	846 "
Turnips	29,694 "	Tomatoes	4,898 "
Pumpkin	10,106 "	Lettuce	1,810 "
Onions	8,510 "	Swiss Chard	3,984 "
Squash	3,319 "	Peas	3,516 "
Parsnips	7,741 "	Spinach	922 "
Beans	1,315 "	Melon	672 "
Cucumber	4,284 "	Celery	973 "
Cauliflower	93 "	Peppers	13½ doz.
Corn	10,650 Cobs	Marrow	2,227 Lbs.
Egg Plant	13 Lbs.	Brussels-Sprouts	7 "
Currants	33 "		

GREENHOUSE

The Greenhouse was used for the production of blooms for the wards, also for starting and transplanting the numerous bedding plants of both flowers and vegetables required for the use on the grounds and garden. The growing of tomatoes was successfully undertaken, 222 pounds being available for use in the Hospital during the latter part of December and January. A small amount of radish and lettuce was also grown.

LIVESTOCK—HORSES

There are twenty work horses and two colts. Two unsound horses were sold and replaced with a young team. Two colts were reared.

DAIRY CATTLE

The Dairy herd of purebred and grade Holstein cattle consists of:—

Bulls	4	Grade Heifers	3
Purebred Cows	54	Purebred Calves	4
Grade Cows	22	Grade Calves	2
Purebred Heifers	17		

Twelve cattle were sold, three bulls and nine cows for a total value of \$882.58. Three cows and fifteen calves were slaughtered and used in the Institution.

Beef produced	1,985 lbs.	Veal produced	1,330 lbs.
---------------	------------	---------------	------------

Milk—To Institution	432,150 lbs.
To Stock	30,416 lbs.
Cream	2,218 half pints.
To Gardener	1,780 lbs.

The yield of milk was reduced during July and August by extreme heat. Cows would not graze and even when green feed was supplemented in the barn they did not respond with an increased flow of milk. The production of milk during July, August and September appears to be more difficult each year. Some consideration and thought has been given to the method of housing the cows during this period of the year, allowing them out for a few hours each morning only.

### HOGS

The operation of the hog department was reasonably satisfactory. The cross breeding of hogs, using a Tamworth boar on Yorkshire sows produced hogs that appeared to be more thrifty than purebred hogs. This practice is being continued. Improvements were made to the hog runs and one new run was fenced. A brick cookhouse was erected. A barn previously used as a small horse barn was moved to a site just north of the piggery and is being used as a slaughter plant. Suitable cement floors and drains were put in to make this a sanitary plant.

Sale of Hogs .....	112—\$1,262.83
Donation to Knowles Boys' Home .....	4
Slaughtered .....	105—Pork, 18,637 lbs.

### POULTRY

The practice of purchasing pullets in the fall was continued. A total of 2,527 dozen eggs were produced and used in the Institution.

### BUILDINGS

Minor improvements were made to the buildings. All the farm buildings should be painted at an early date. It is recommended that a continuous painting programme be arranged whereby one or two buildings are painted each year. This would provide for the painting of all buildings every three or four years thus keeping up the general appearance of the whole farm site as well and giving the buildings protection from the weather.

A brick cookhouse was built at the piggery site at a cost of \$203.19.

### STATEMENT

#### Receipts:

Produce sold to Hospital .....	\$13,659.54	
Outside sales .....	2,326.21	
		\$15,985.75

#### Expenses:

Salaries .....	\$ 8,133.28	
Operating Expense .....	6,090.99	
		14,224.27
Operating Surplus .....		\$ 1,761.48

Note:—Operating expense includes payments of land as follows:—

Land Settlement Board .....	\$559.46
Maytag property .....	275.00
Also a cookhouse—cost .....	203.19



## INVENTORY

## Live Stock:

Horses—20—Value ..... \$1,825.00

## Cattle:

Bulls .....	4	—\$	725.00	
Cows—purebred .....	54	@ \$90.00—	4,860.00	
"    grade .....	22	@ 65.00—	1,430.00	
Heifers—purebred .....	17	@ 70.00—	1,190.00	
"    grade .....	3	@ 50.00—	150.00	
Calves—purebred .....	4	@ 35.00—	140.00	
"    grade .....	2	@ 25.00—	50.00	
				\$ 8,545.00

## Hogs:

Mature sows and hogs.....	48	@ \$25.00—	\$1,200.00	
Small pigs .....	73	@ 4.00—	292.00	
				1,492.00

Hens .....	273	@ 80c—		218.40
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Machinery—Total .....				2,980.00
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Total .....				<u>\$15,060.40</u>
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Respectfully submitted,

J. E. CRAWFORD,

Farm Manager.

I wish to take this opportunity of expressing my deep appreciation of the helpful co-operation given by all members of the staff, and also to extend to you, Sir, and all Departmental Officials, my thanks for your helpful advice and sympathetic considerations of the problems connected with the operation of the Hospital.

I have the honor to be,

Sir,

Your obedient servant,

E. C. BARNES,

Medical Superintendent.

## GENERAL INFORMATION

TABLE No. I.

1. Date of opening of Hospital for Mental Diseases, May 25th, 1886.
2. Type of Institution—Provincial Hospital.
3. Hospital Plant:
 

Value of Plant as at April 30, 1937 .....	\$2,605,793.00
Total acreage of Hospital property .....	1,234 acres
Acreage under cultivation during the year .....	705 acres

	Male	Female	Total
4. Medical Service:			
Superintendent .....	1	---	1
Assistant Superintendent .....	1	---	1
Assistant Physicians .....	3	---	3
	<hr/>	<hr/>	<hr/>
	5	---	5
5. Employees on Pay Roll as at April 30, 1937 (not including physicians):			
Graduate Nurses .....	3	10	13
Other Nurses and Attendants .....	44	39	83
Other Employees .....	28	32	60
	<hr/>	<hr/>	<hr/>
	75	81	156
6. Patients employed in general hospital work at date of report .....	268	166	434
7. Patients in Institution:			
At date of report .....	510	334	844
On Probation .....	24	19	43
8. Average daily population for year .....			840.76

TABLE No. II.

## MOVEMENT OF PATIENT POPULATION

			Male	Female	Total
Remaining under treatment April 30, 1936 .....			520	346	866
First Admissions for year ending April 30, 1937:					
	M.	F.	T.		
From Psychopathic Hospital .....	53	49	102		
Direct .....	8	5	13		
Voluntary .....	1	---	1	62	54
Re-admissions:					
From Psychopathic Hospital .....	10	12	22		
Direct .....	5	7	12		
Voluntary .....	1	---	1	16	19
			<hr/>	<hr/>	<hr/>
Total Admissions for year ending April 30, 1937.....			78	73	151
Total under Treatment during the year .....			598	419	1,017
Discharges during the year:					
	M.	F.	T.		
Recovered .....	12	8	20		
Much Improved .....	4	8	12		
Improved .....	13	10	23		
Unimproved .....	2	2	4	31	28
Transferred .....	1	15	16		
Eloped .....	1	---	1		
Deported .....	1	1	2		
Not Insane .....	1	---	1		
Died .....	29	22	51	33	38
Total Discharged, Transferred, Eloped, Deported. Not Insane and Died .....				64	66
Remaining under Treatment, April 30, 1937 .....			534	353	887
Of which there are on probation April 30, 1937.....			24	19	43
Living in Residence, April 30, 1937 .....			510	334	844



# Manitoba School for Mental Defectives

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Portage la Prairie, Manitoba,

January 1, 1938.

Dr. A. T. Mathers,  
Provincial Psychiatrist,  
Psychopathic Hospital,  
Winnipeg, Manitoba.

Sir:

I have the honor to present the Annual Report of The Manitoba School for the Calendar Year 1937.

There has been brought to fruition during the past year the most advanced programme of expansion and adjustment since 1930. There followed immediately long anticipated benefits to both patients and staff. Briefly I am presenting a resumé of the advances made in the following paragraphs.

The New Nurses' Home was opened on April second. This building is a model of sensible comfort and conveniences much appreciated by the occupants. The whole female staff is at present housed there, thus removing them from close proximity to their work, which obtained twenty-four hours a day hitherto. Now their surroundings are quiet, pleasant, and healthful.

On July first we began taking on additional staff to inaugurate an eight-hour duty for Nurses and Attendants. This project was completed by August first. With the inception of this programme of duty together with one day's rest in seven, and living quarters that are excellent, we feel that we have staff working hours and conditions second to none.

With the removal of the female staff from the Main Building extensive alterations were made in the space vacated, particularly in the very old centre wing. In the basement the laundry was enlarged and new machinery installed. Dining rooms were enlarged and equipped with modern service. The kitchen was enlarged and modernized. On the first and second floors many partitions were removed, making larger, lighter and well ventilated work-rooms and wards. There was a net gain of ten beds for male patients. A re-classification of male patients provided isolation for infectious diseases, a dormitory for infant boys away from older patients with a small playroom adjacent.

Space vacated by female staff on the ground floor east wing was converted into much needed office space, operating room, sterilizing room and surgical wash room. These changes suffice for the present, but will have to be augmented with any further additions to the institution.

On September first construction was commenced on an addition to the east wing. This addition was planned to take care of many serious difficulties in the care of infectious diseases and high-grade female patients with behaviour disorders, and promises to relieve many trying problems. It probably will not be ready for occupancy until late spring.

Additional land has been purchased adjacent to the institution from the City of Portage la Prairie, that will take care of our needs at present, and anticipates the future for some little time.

At the time of writing a very modest beginning is being made with Academic instruction to patients. We sincerely hope that this may develop steadily and efficiently in the future, and be the subject of a more detailed report at the end of 1938.

A brief resumé of the movement of patient population follows.

The year commenced with 398 patients in residence, 177 males and 221 females; and closed with 397 patients, 175 males and 222 females. The total under treatment during the year was 419, 187 males and 232 females. The lowest number in residence was 392 (July 9, 1937), and the highest number was 398 (January 1, 1937). The total average for the period was 395.17.

**Admissions:**—Admissions totalled 21 patients, 10 males and 11 females. Of these 12 were first admissions, 7 being males and 5 females; 7 were **Re-admissions**, 2 males and 5 females; and 2 were **Admissions by Transfer from other institutions**, 1 male and 1 female being transferred from the Psychopathic Hospital. Of the first admissions 35.71% or 5 patients were classified as Idiots, 42.86% or 6 patients were classified as Imbeciles, and 21.43% or 3 patients were classified as Morons.

**The Racial Origin** showed the following classification in order of frequency:—English 5, Hebrew 3, Slavonic 3, Scotch 1, Irish 1, German 1.

**Marital State** shows all first admissions to be single.

**Economic Status** is as follows: Dependent 6, Marginal 7, Comfortable 1.

**The Environment** shows that 10 were Urban dwellers and 4 Rural.

**The Degree of Education** attained was 11 Illiterate and 3 Read and Write.

**Discharges** occurred to a total of 7, 3 males and 4 females; the condition of all patients on discharge was unimproved.

**Deaths** totalled 10, 1 male and 9 females. The death rate based on the total under treatment during the year was 2.39%.

**Nativity of Admissions:** Canada—85.71%; England—9.52%; U. S. A.—4.76%.

**Probations:**—Probations totalled 8, 1 male and 7 females; 1 male and 2 females being discharged on completion of the probation period.

### MEDICAL DEPARTMENT

There has been no epidemic disease during the past year. Pneumonia has been the most frequent severe, acute disease but recoveries have been high.

Among the staff there has been we believe a minimum of time lost through illness, although several required rather lengthy leaves to make good recoveries.

Accidents among the patients have been of minor importance and generally the result of over-crowding and inability to classify the population according to age and condition. None require special reporting and detailed reports are on file.

Several marked advances have been made in aids to diagnosis and treatment. An X-Ray machine bought by the institution on a co-operative basis with the Board of Health has been most satisfactory. A complete survey has been made of patients and staff with respect to Tuberculosis. As a result to date eighteen female and twenty-two male patients have been identified with Tuberculosis, and segregated. We are pleased to report that not one active case of the disease was found among the staff. A registered X-Ray technician is in charge. Besides our own institution he at present is conducting a complete survey for chest conditions at Selkirk Mental



Hospital, and also once a year carries out the Silicosis Survey of the Manitoba mines for the Board of Health. I am afraid that the present equipment, although functioning admirably at present for the initial surveys, will not carry the load of the three projects satisfactorily to everyone concerned for long.

The operating, sterilizing and surgical washrooms have been most convenient. These were made available about August. Two tonsillectomies, a curettage and several minor procedures have been done with ease, which hitherto we found very trying or impossible to carry out. We still require, to complete the equipment, a surgical wash basin and basin sterilizer.

The laboratory and dispensary, as always, is an indispensable aid to the medical work, efficient and prompt.

The dental clinic is very satisfactory. Our time allotted has been lowered to aid at the other institutions, but with the opening of the new wing will require to be adjusted. The reports of the work accomplished in these departments follow.

Two physicians carry on the manifold duties of administration, medical and psychological work. While we have had the authority to increase the medical staff it seems impossible to attract young promising practitioners to mental hospital work. Due to necessity, of the past few years, such positions as are available have not been sufficiently attractive from the viewpoint of remuneration or living quarters, to offer inducement. Unfortunately perhaps there seems no other initial inducement that can be made than these, and if lacking a pure sense of social service, will not be in itself an attractive sphere.

We continue to give consulting service to such agencies as request our advice at any time. This consists mainly in estimating the mental status of children.

## LABORATORY REPORT

January 1, 1937, to December 31, 1937.

<b>Urinalyses:</b>		<b>Smears:</b>	
Routine Urinalysis .....	418	Throat .....	24
Acetone .....	418	Urethral .....	4
Bile .....	3	Cervical .....	7
Urobilogen .....	1	Vaginal .....	17
24 hour Specimens .....	2	Sputum .....	122
<b>Blood:</b>		Pus .....	18
Red Blood Cell Counts .....	180	<b>Cultures:</b>	
Haemoglobin Estimations .....	180	Throat .....	24
White Cell Counts .....	310	Sputum .....	6
Differential White Cell Counts.....	310	<b>Fluids:</b>	
Blood Cultures .....	4	Spinal .....	19
Blood Sugars .....	9	Pleural .....	10
Blood Sugar Tolerance .....	2	<b>Faeces:</b>	
Hyperglycaemic Index .....	2	Blood .....	4
Blood Bromides .....	12	Gastric Analysis .....	15
Icterus Index .....	3	Post Mortems .....	9
Widals .....	5	Mantoux Tuberculin Reactions .....	42
Blood Cholesterol .....	1	Brucella Abortus Skin Reaction.....	2
Red Cell Fragility .....	1	<b>Preventive Medicine:</b>	
Blood Urea .....	3	Antisymphilitic Treatments '914'.....	27
		Bismuth .....	42

DENTAL REPORT

Patients seen .....	739	Dentures .....	9
Extractions .....	130	Treatments .....	49
Fillings .....	56	Local Anaesthetics .....	100
Scaling and Polishing .....	429		

PHARMACY

Original Prescriptions .....	116	Repeat Prescriptions .....	413
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The inauguration of an eight-hour day for Nurses and Attendants increased the staff by about one-third, affecting both Junior and Senior Staff.

Only two dismissals were found necessary. One pupil nurse refused to obey instructions in her own best interests and also the institution's, and one male occupational instructor made so many errors in judgment and was impossible to advise, so that his services could no longer be retained.

During the past year many forward steps were taken to improve the working hours and living conditions of staff, and I think I may say that they have been much appreciated. I have mentioned previously the reduction in working hours to eight, the one day's rest in seven, and new nurses' home and male living quarters. Besides this salaries have been placed on an equal basis with other institutions, and I am particularly glad to note that married male staff living out have had a welcome increase in cash salary.

Our Nurses' Training School is in its second year, and I believe is functioning well. We are convinced that such a project is the answer to a stable, efficient and high class staff. I have had experience with every other type of method and none have proven satisfactory. Since we commenced our training scheme we have the smallest turn-over of staff ever experienced, and to my mind efficiency, understanding, and compassionate care of patients and satisfaction with their own work has never been equalled. At present we have twenty-three Pupil Nurses—ten Intermediate and thirteen Junior. It has been necessary to employ a certain number of attendants, but it is planned that these be fewer in number each year until a fully trained staff is reached.

PATIENT ACTIVITIES

These have been well maintained in all aspects, and the programmes of training and recreation augmented as much as personnel, time and equipment would allow. For the future I would once again lay stress on consideration, definitely planned, being given to recreation and occupation of patients. Much can be done by our own enthusiasm and creative powers to provide these things, but in a country where winter is long special provision will have to be made in new construction to provide workshops, playrooms and a combination gymnasium and concert hall. These form a most important part of any programme for care, education and training of the feeble-minded. Our present Assembly Hall, which was really only a large sitting room, is too small, not well ventilated, and is situated in the oldest part of the main building, which is not fireproof.

**Barn:** Our own staff and patient labor constructed an eighty-ton silo.

**Greenhouse:** Our own staff and patient labor constructed an addition to the greenhouse approximately forty-two feet by twenty feet, and equipped it.



**Grounds:** We continue our programme of grounds beautification as rapidly as possible. Modest purchases of trees and shrubs were made, and large donations made by the Experimental Station at Morden.

**Land:** Purchase has been completed of some three hundred and twenty acres of land adjoining the institution.

**New Addition:** At present there is under construction an addition to the east wing. This will provide additional dining space for patients, provide residence for thirteen domestics, and additional patient accommodation of approximately sixty. I do not think that an arbitrary patient accommodation should be set because this unit contains such special accommodation as isolation for Tuberculosis and Venereal Disease and segregation for behaviour disorders, so that the number of such cases we are dealing with at any one time will largely determine the population in this unit at that time.

We now have a large herd of milch cows and milk forms a large and important item of general food consumption. The herd is tuberculosis tested but for the purposes of a safe milk supply it would be most desirable to have a proper milk house with a pasteurization plant to eliminate other infectious diseases that may be carried in milk.

Until three years ago the whole institution lay west of Main Street of the City. Now we have practically all the land on the east side of Main Street, from Dickens Avenue north to the city limits, and on this side of the street is situated the Nurses' Home, Residence Number Two, farm residence and horse stables. Dividing our institution, then, is Main Street, which has become an artery of traffic to the City from the north-east farming country, and also takes much heavy traffic from Highway No. 4; and surprisingly enough perhaps the motor traffic has increased tremendously since the institution has enlarged. Being on the outskirts of the City it has also become a speedway, which definitely is dangerous to patients and staff who have to cross back and forth across Main Street, and in spite of signs, co-operation of the City Police, and warnings, goes on unabated with the concomitant evils of noise and dust, directly through the middle of the institution. I would strongly recommend that a petition be presented by the Department to the City to close Main Street from Dickens Avenue to the City limits. An alternative route is quite possible and would not inconvenience anyone. I hope serious consideration may be given to this recommendation, as I consider it inevitable that a serious accident will occur on this road, which danger will be accentuated as the institution grows larger.

The reports of the Bursar and Farm Superintendent follow.

We close a year replete with activity and gratifying progress. To you, Sir, on behalf of the institution and staff, I would extend grateful thanks for the concessions granted. We hope you may see fit to extend our thanks to the Honourable, the Minister of Health and Public Welfare, and Departmental Officials for their kind consideration.

Finally, I wish to present to you a record of the faithfulness and loyalty of my staff. By and large they have accorded me a co-operation through difficult years and conditions second to none. We have managed to settle our difficulties by conciliation and discussion. On my part I have tried to represent them fairly and justly

to my senior officers, and on their part I am proud to record a cheerful, patient willingness and co-operation which I hope may be sustained in the future.

I have the honour to be, Sir,

Your obedient servant,

H. S. ATKINSON,

Medical Superintendent.

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### BURSAR'S REPORT

Portage la Prairie, Manitoba,

January 1st, 1938.

H. S. Atkinson, Esq., M.D.,  
Medical Superintendent,  
The Manitoba School,  
Portage la Prairie, Manitoba.

Sir:

The Bursar's Annual Report for the Calendar Year 1937 is herewith respectfully submitted.

### EXPENDITURES

The main causes of increased expenditures for the current Fiscal Year are:-- Increased pay-roll on account of inauguration of an eight-hour day for Nurses and Male Attendants, and payment of a living-out allowance to married Male Attendants; increased cost of supplies and the purchase of an X-Ray machine, Operating Table, Scialytic Spotlight, Portable Rotary Compressor, Water Still, Cook's Table, Tumbler, Extractor and Laundry Presses. We purchased material for a new Silo, and also paint to re-paint the Barns.

### COST OF OPERATION

The cost per patient per day has increased from 84.2 cents to \$1.00.7, an increase of 16½c. This is due to the greatly improved service now being given the patients.

### FARM

The revenue from sales shows an increase of \$324.11 over last year. A bull and five cows were sold as they were beyond the profitable stage to be retained in the herd.

The value of Crop harvested was \$20,080.97 as compared with \$14,753.46 for 1936, an increase of \$5,327.51.

It would not be right to conclude this report without recognizing the assistance of the patients in carrying out work in the Kitchen, Laundry and Carpenter Shop.



Their help is valuable, and without it the cost of operation would be much greater than it is.

To you, Sir, I tender my sincere thanks for your co-operation and assistance in carrying out the duties of my office.

I have the honour to be,

Sir,

Your obedient servant,

HUGH SIMPSON,

Bursar.

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**STATEMENT SHOWING PER CAPITA COST OF MENTAL DEFECTIVES FOR  
CALENDAR YEAR 1937 (1st January, 1937, to 31st December, 1937).**

**Operation and Maintenance:**

Salaries .....	\$ 6,595.07	
Fuel .....	18,432.59	
Supplies and Expenses .....	9,239.56	
	<hr/>	
Inventory Decrease .....	\$ 28.62	\$ 34,295.84

**Administration and Subsistence:**

Salaries .....	\$51,795.43	
Supplies .....	36,938.68	
Clothing .....	4,794.69	
Expenses .....	24,012.26	
Inventory Increase .....	6,697.10	
	<hr/>	110,761.96

**Farm:**

Expenditures in Excess of Revenue .....	\$ 306.41
	<hr/>
	<u>\$145,364.21</u>

**Attendance:**

Month	Days	Patients
January .....	31	12,316
February .....	28	11,119
March .....	31	12,294
April .....	30	11,801
May .....	31	12,209
June .....	30	11,828
July .....	31	12,195
August .....	31	12,227
September .....	30	11,798
October .....	31	12,257
November .....	30	11,880
December .....	31	12,312
	<hr/>	<hr/>
	365	144,236
	<hr/>	<hr/>

Average number of Patients per day .....	395.17
Average cost per Patient per day .....	\$ 1.08
Revenue from Patients .....	\$58,701.93
Net Expenditures .....	\$86,662.08
Net Cost per Patient per day .....	60c

## ARTICLES MADE IN CRAFT ROOM DURING YEAR

1st January, 1937, to 31st December, 1937.

<b>Crochetry:</b>		Runners .....	1
Baby's Crocheted Set .....	1	Towels, Tea .....	5
Centre-pieces .....	6	Tray Cloths .....	7
Doilies .....	88	<b>Knitted Goods:</b>	
Luncheon Cloths .....	1	Baby's Bonnet .....	1
Luncheon Set with Serviettes .....	2	" Jacket .....	1
Table Cloths .....	12	" Outfits .....	3
Rugs .....	1	" Panties .....	2
Runner .....	1	" Sacques .....	2
Table Mats .....	21	" Suits .....	2
<b>Cutwork:</b>		Bed Jackets .....	3
Pillow Cases .....	4	Bed Wraps .....	1
Luncheon Set .....	1	Carriage Covers .....	1
Table Cloth .....	1	Child's Oversuit .....	1
<b>Embroidery:</b>		Child's Suit .....	1
Aprons .....	23	Doll's Jacket .....	1
Bibs .....	5	Mitts and Bootees .....	3
Breakfast Cloths .....	4	Scarf .....	1
Bureau Scarfs .....	11	Sweaters .....	21
Buffet Scarf .....	1	Tea Cosies .....	4
Buffet Sets .....	2	<b>Tatting:</b>	
Centre-pieces .....	4	Centre-piece .....	1
Cushion Covers .....	3	<b>Rugs:</b>	
Feeding Sets .....	6	Hooked .....	29
Luncheon Cloths .....	7	Hooked Mats .....	3
Luncheon Sets .....	2	Braided .....	17
Luncheon Sets with Serviettes .....	4	Spoolwork .....	7
Pillow Cases .....	17	Scalloped .....	5
Pot Holders .....	9		

## STATEMENT OF WORK DONE IN SEWING ROOM

1st January, 1937, to 31st December, 1937.

Aprons, Cotton .....	306	Blouses .....	3
Aprons, Cooks' .....	28	Brassieres .....	2
Aprons, Maids' .....	63	Caps, Maids' .....	6
Aprons, Nurses' .....	201	Caps, Nurses' .....	25
Aprons, Work .....	46	Caps, Cooks' .....	2
Aprons, Altered .....	24	Chemises .....	148
Bibs, Maids' .....	59	Collar and Cuff Sets .....	45
Bibs, Nurses' .....	195	Dresses, Maids' .....	40
Bibs, Altered .....	18	Dresses, Nurses' .....	128
Bloomers .....	228	Dresses, Patients' .....	195



Dresses, Altered .....	9	Curtains .....	38
Gowns, Surgical .....	17	Curtain Ties .....	47
Jackets, Restraining .....	32	Diapers .....	87
Mitts, Restraining .....	19	Face Cloths .....	12
Nightgowns .....	369	Masks .....	11
Shirts, Hospital .....	170	Pillow Cases .....	443
Slips, Princess .....	90	Pot Holders .....	12
Smocks .....	17	Sanitary Belts .....	38
Smocks, Altered .....	6	Sheets, Bed .....	343
Uniforms, Matrons' .....	3	Sheets, Crib .....	38
Bags, Christmas .....	370	Sheets, Draw .....	189
Bags, Laundry .....	24	Sheets, Laboratory .....	6
Bandages .....	6	Serviettes .....	129
Bibs, Feeding .....	48	Towels, Face .....	277
Cushions .....	13	Towels, Dish .....	439

## ARTICLES MADE IN WORKSHOP DURING YEAR

1st January, 1937, to 31st December, 1937.

Bluegoose .....	1	Mickey Mouses .....	66
Doll's Carriage .....	1	Pop Eyes .....	22
Donald Ducks .....	48	Pushers .....	8
Footstool .....	1	Scooters .....	4
Hot Cloth Holders .....	38	Tie Racks .....	9
Jiggs .....	5	Wagons .....	5

## BOOTS REPAIRED IN SHOE REPAIR SHOP DURING YEAR

1st January, 1937, to 31st December, 1937.

Re-soled .....	74 pairs	Patches .....	42 pairs
Soles renailed .....	37 "	Resewn .....	40 "

## ARTICLES LAUNDERED DURING THE YEAR

1st January, 1937, to 31st December, 1937.

Staff .....	45,983 pieces
Patients .....	348,459 pieces
Total .....	394,442 pieces

## ARTICLES REPAIRED AND SALVAGED IN MENDING ROOM

1st January, 1937, to 31st December, 1937.

Aprons .....	915	Nightgowns .....	1,868
Bedspreads .....	79	Pillows Cases .....	235
Bibs .....	240	Sheets .....	597
Blankets .....	150	Slips, Princess .....	1,416
Bloomers .....	2,108	Stockings .....	2,636 prs.
Dresses .....	3,429	Towels .....	84
Chemises .....	1,185	Miscellaneous Articles .....	140
Jackets, Restraining .....	365		

## FARM

Portage la Prairie, Manitoba,  
January 1st, 1938.

Dr. H. S. Atkinson,  
Medical Superintendent,  
The Manitoba School,  
Portage la Prairie, Man.

Sir:

I have the privilege to herewith present the report of the Farm Department during the last year, from January 1st, 1937, to December 31st, 1937.

## GRAINS

**Wheat**—There was not any land seeded to wheat.

**Barley**—Twenty-six acres of Trebi barley gave a yield of 1,285 bushels, and 39 acres of Awnless barley gave a yield of 1,460 bushels.

**Oats**—170 acres were seeded to Anthony oats. We threshed 150 acres of this field and obtained 7,809 bushels of grain. The remainder was stacked for sheaf feed, and in weight was about 42 tons.

## FODDER

**Corn**—245 tons of corn were produced from 23 acres seeded to Western Dent variety.

**Sugar Cane**—Two acres of this crop fed our milch cows one feed a day for 65 days.

**Brome Grass**—32 tons of Brome Hay were obtained from 32 acres.

**Wild Hay**—About 22 tons of wild hay were put up, but it was not as good as usual because of so much fox-tail mixed in it. Eight tons of mixed hay were secured from headlands.

**Sweet Clover**—This crop was light this year, but was of extra good quality. 16 tons were produced from 20 acres.

## ROOTS

**Sugar Beets**—We obtained 122 tons of sugar beets from seven acres.

**Potatoes**—The acreage, yield and variety of potatoes were as follows:—

Variety	Yield	Acreage
Warba .....	90 bus.	$\frac{3}{4}$
Ohio .....	1,050 "	5
Irish Cobblers .....	2,011 "	12 $\frac{1}{2}$
Golden Coin .....	1,417 "	10 $\frac{1}{2}$
Total .....	4,568 bus.	28 $\frac{3}{4}$ acres.

I might say here that some waste will likely occur with the potatoes on account of the scarcity of cellar space.



**Turnips**—From 2 acres seeded to turnips we had 21 tons.

### HORSES

Four horses were bought in the spring, and one colt was raised this year. One mare died which leaves us 17 work horses, 1 colt (coming 2 years), and 1 colt (coming 1 year). All horses are in good healthy condition.

### CATTLE

The herd is in fine condition and at the present time is composed of 34 cows, 21 heifers, 5 calves and 2 bulls. One cow reacted to the T.B. test. One cow was destroyed, four cows and four calves were sold, and five cows and thirteen calves were butchered for institutional use. From the cattle we received 3,731 lbs. of beef, and from the calves 902 lbs. of veal. The milk produced was 300,836 lbs.

### HOGS

Fifty-eight small pigs were bought since May 1st, 1937. Of this number three died and thirty-seven were butchered to supply the institution with 9,017 lbs. dressed pork. There are still eighteen left to kill. Very little grain is being fed them as there is about enough refuse from the institution to feed this number of pigs.

### LAND

About 314 acres were added to the farm by purchase this year. Of this 84 acres had been previously leased. This land (84 acres) is in good condition and ready for next season's crop. It was late in the fall when the land deal was completed, so we did not get much done to the remaining 230 acres. We had from 65 to 70 acres of it ploughed when the snow came and it was found impossible to do any more. All the other land that is intended for grain crop next year is well prepared for the coming season. This land will amount to about 198 acres.

### TEAMING

The usual quantity of ice was hauled from the river for the institution. Cinders were moved from the Power House. One hundred and sixty loads of earth were moved from fence bottoms which was used for making lawns, etc. Three loads of garbage were taken each week to the nuisance ground. All the farmyard manure was spread on the land.

### LAWNS AND GROUNDS

A lot of work was done at the New Nurses' Home in the way of terracing and levelling for the lawn. Some small shrubs have also been planted there.

In conclusion I might say that the patients under our care are getting along very well. Some of them are now able to drive a four-horse team tandem on a plow

I have the honour to be,

Sir,

Your obedient servant,

WILLIAM LANG,

Farm Superintendent.

TABLE No. I.

GENERAL INFORMATION

1.	Date of opening of Institution—June, 1890.			
2.	Type of Institution—Provincial Institution for the care and training of the Feeble-minded.			
3.	Institutional Plant:			
	Value of Institutional Plant .....	\$751,334.97		
	Total Acreage of Property .....	800		
	Acreage under cultivation .....	333		
4.	Medical Service:			
		Male	Female	Total
	Superintendent .....	1	---	1
	Assistant Physician .....	1	---	1
	Dentist (Part-time) .....	1	---	1
		—	—	—
		3	---	3
		—	—	—
5.	Employees on Pay Roll as at December 31, 1937.			
	(Not including Superintendent, Ass't. Physician or Dentist):			
		Male	Female	Total
	Nurses and Attendants .....	37	41	78
	All other Employees .....	22	22	44
		—	—	—
		59	63	122
		—	—	—
6.	Patients employed in all Institutional Departments:			
		86	113	199
7.	Patients in Institution at date of report:			
		Male	Female	Total
	Mental Defectives .....	175	222	397
8.	Average daily population for the year:			
	Mental Defectives .....	395.17		

TABLE No. II.

MOVEMENT OF PATIENT POPULATION—MENTAL DEFECTIVES

		Male	Female	Total	
Remaining under Treatment January 1, 1937-----		177	221	398	
First Admissions for year ending December 31, 1937:					
		Male	Female	Total	
1.	From Municipalities -----	4	5	9	
2.	Government Patients -----	2	---	2	
3.	Private Patients -----	1	---	1	
			7	5	12



Admissions by Transfer from other Institutions for year ending December 31, 1937:

	Male	Female	Total			
1. From Municipalities .....	1	1	2			
2. Government Patients .....	---	---	---			
3. Private Patients .....	---	---	---	1	1	2

Re-admissions for year ending December 31, 1937:

	Male	Female	Total			
1. From Municipalities .....	1	5	6			
2. Government Patients .....	1	---	1			
3. Private Patients .....	---	---	---	2	5	7

Total Admissions for year ending December 31, 1937..... 10 11 21

Total Under Treatment during the year ..... 187 232 419

Discharges during the year:

	Male	Female	Total			
(a) Recovered .....	---	---	---			
(b) Much Improved .....	---	---	---			
(c) Improved .....	---	---	---			
(d) Unimproved .....	3	4	7	3	4	7

Transfers ..... 9 1 10 9 1 10

Deaths ..... 9 1 10 9 1 10

Total Discharged, Transferred or Died ..... 12 5 17

	Male	Female	Total
Total on Probation and still on Probation as at December 31, 1937 .....	---	5	5

Total on Institutional Register as at December 31, 1937,  
(Including Patients still on Probation) ..... 175 227 402

# Fiscal Supervisor of Public Institutions

May 1st, 1937.

Dr. F. W. Jackson,  
Deputy Minister,  
Department of Health and Public Welfare,  
Winnipeg, Manitoba.

Dear Sir:

I have the honour to submit the following report as Acting Supervisor of Public Institutions for the fiscal year ending April 30th, 1937.

The revenue received during the year for maintenance of patients in the Brandon and Selkirk Hospitals for Mental Diseases from all sources and also maintenance of patients in the Psychopathic Hospital, Winnipeg, and the Manitoba School, Portage la Prairie, and also farm and sundry revenue from the various institutions, amounted for the year to \$196,979.63.

## MAINTENANCE ACCOUNT

	12 Months' Period Ending April 30, 1937	12 Months' Period Ending April 30, 1936	Increase or Decrease
<b>Brandon Hospital for Mental Diseases:</b>			
Provincial and Private patients .....	\$10,690.64	\$12,240.61	
Indian Patients .....	2,370.30	2,334.85	
Collection Receipts .....	\$13,060.94	\$14,575.46	\$1,514.52 Dec.
Estate Receipts .....	23,970.71	25,188.95	1,218.24 Dec.
Total .....	\$37,031.65	\$39,764.41	\$2,732.76 Dec.
<b>Selkirk Hospital for Mental Diseases:</b>			
Provincial and Private Patients .....	\$ 7,170.91	\$ 9,091.51	
Indian Patients .....	3,592.02	3,362.86	
Soldiers .....	19,706.91	20,103.91	
Insane Convicts .....	369.99	401.98	
Collection Receipts .....	\$30,839.83	\$32,960.26	\$2,120.43 Dec.
Estate Receipts .....	14,997.45	15,823.12	825.67 Dec.
Total .....	\$45,837.28	\$48,783.38	\$2,946.10 Dec.
<b>Manitoba School, Portage la Prairie:</b>			
Provincial Private Patients .....	\$ 3,304.10	\$ 3,965.59	
Municipal Patients .....	54,481.94	56,490.75	
Collection Receipts .....	\$57,786.04	\$60,456.34	\$2,670.30 Dec.
Estate Receipts .....	1,480.47	513.41	967.06 Inc.
Total .....	\$59,266.51	\$60,969.75	\$1,703.24 Dec.



**Psychopathic Hospital, Winnipeg:**

Provincial and Private Patients .....	\$ 4,421.64	\$ 3,681.73	
Collection Receipts .....	\$ 4,421.64	\$ 3,681.73	\$ 739.91 Inc.
Estate Receipts .....	432.00	427.71	4.29 Inc.
Total .....	\$ 4,853.64	\$ 4,109.44	\$ 744.20 Inc.

**Total Maintenance Collected, 12 Months'**

Period, Ending April 30th, 1937.....	\$146,989.08	\$153,626.98	\$6,637.90 Dec.
--------------------------------------	--------------	--------------	-----------------

**FARM ACCOUNT**

	12 Months' Period Ending April 30, 1937	12 Months' Period Ending April 30, 1936	Increase or Decrease
<b>Brandon Hospital for Mental Diseases:</b>			
Produce supplied from Institution.....	\$17,302.55	\$17,472.31	\$ 169.76 Dec.
<b>Selkirk Hospital for Mental Diseases:</b>			
Produce supplied from Institution.....	\$15,733.75	\$16,061.37	\$ 327.62 Dec.
<b>Manitoba School, Portage la Prairie:</b>			
Produce supplied from Institution.....	\$ 8,501.41	\$ 8,102.04	\$ 399.37 Inc.
Total .....	\$41,537.71	\$41,635.72	\$ 98.01 Dec.

**OCCUPATIONAL THERAPY ACCOUNT**

	12 Months' Period Ending April 30, 1937	12 Months' Period Ending April 30, 1936	Increase or Decrease
Brandon Hospital for Mental Diseases	\$ 1,280.45	\$ 741.79	\$ 538.66 Inc.
Selkirk Hospital for Mental Diseases....	155.63	24.90	\$ 130.73 Inc.
Manitoba School .....	205.45	232.40	26.95 Dec.
Total .....	\$ 1,641.53	\$ 999.09	\$ 642.44 Inc.

**SUNDRY REVENUE ACCOUNT**

	12 Months' Period Ending April 30, 1937	12 Months' Period Ending April 30, 1936	Increase or Decrease
Brandon Hospital for Mental Diseases	\$ 375.20	\$ 276.06	\$ 99.14 Inc.
Selkirk Hospital for Mental Diseases..	592.92	1,332.65	739.73 Dec.
Manitoba School, Portage la Prairie....	149.99	114.34	35.65 Inc.
Refunds to Appropriations .....	\$ 1,118.11	\$ 1,723.05	\$ 604.94 Dec.
Total Revenue .....	\$196,979.63	\$209,503.90	\$12,524.27 Dec.

Comparison of the revenue received for this Fiscal Year ending April 30th, 1937, with the same period ending April 30th, 1936, shows a decrease of \$12,524.27.

	12 Months' Period Ending April 30, 1937	12 Months' Period Ending April 30, 1936	Increase or Decrease
Total Revenue received on Maintenance Account -----	\$146,989.08	\$153,626.98	\$ 6,637.90 Dec.
Total Revenue received on Farm Account	41,537.71	41,635.72	98.01 Dec.
Total Revenue received on Therapy Account	1,641.53	999.09	642.44 Inc.
Total Revenue received on Sundry Revenue Account -----	1,118.11	1,723.05	604.94 Dec.
Total Revenue received on Refunds to Appropriations -----	5,693.20	11,519.06	5,825.86 Dec.
	<u>\$196,979.63</u>	<u>\$209,503.90</u>	<u>\$12,524.27 Dec.</u>

### GENERAL REMARKS

The problem of collecting maintenance for patients in the various institutions presents at all times a very real difficulty. It is generally recognized that hospitalization accounts are a most difficult type of collection. Collections for maintenance of patients in the Mental Hospitals are certainly even more difficult than ordinary hospital bills.

These matters, to my mind, could very well be changed and should be changed. Further than this, as the Treasury Act now stands the Supervisor is given no opportunity to settle accounts for cash without obtaining the authority of the Executive Council by Order-in-Council. This again presents a difficulty in many cases to the Collector as it has happened during the past year. Certain parties are willing to settle at so much on the dollar provided they obtain a clear receipt, but by the time the matter is presented to the Executive Council unless extreme tact on the part of the Collector is exercised the proposer of the settlement may have retracted his offer.

It is also to be borne in mind that in a great percentage of the cases where the patient is confined for many years in the Hospital for Mental Diseases, after payment for some years on the maintenance account it is bound in many cases to get ahead of those paying with the result that they become discouraged at not being able to clean up an account which seems never-ending.

To overcome this latter difficulty it is possible that consideration should be given to allowing the Collector to use discretion insofar as rates are concerned after a certain period of years has elapsed.

In conclusion, I may say that we are paying special attention to the whole situation insofar as collection of accounts is concerned, and are endeavoring to set up proper machinery which will handle these accounts on a business-like basis, and it is hoped that the new system of initial collection letters and follow-up letters which we are now instituting will result in a material increase in the moneys collected.

Yours sincerely,

R. R. GOODWIN,

Acting Supervisor of Public Institutions.



## ADMISSIONS AND MAINTENANCE OF PERSONS TO INSTITUTIONS AND PRIVATE HOMES FOR AGED AND INFIRM.

We have received during the Fiscal Year 238 applications for admission to these institutions, of which 44 were referred to the waiting list, 36 incomplete and 158 admitted.

Total admissions The Manitoba School, Portage la Prairie .....	21
Total admissions Home for Aged and Infirm, St. Boniface .....	105
Total admissions Sunset Lodge .....	7
Total admissions Incurable Ward Old Folks' Home, Middlechurch.....	6
Total admissions to Private Homes .....	40
Total number of patients remaining in The Manitoba School, Portage la Prairie, as at April 30th, 1937	
Mental Defectives .....	394
Seniles .....	4
Incurables .....	39
	— 437
Total number of patients remaining in Home for Aged and Infirm, St. Boniface, as at April 30th, 1937 .....	242
Total number of patients remaining in Sunset Lodge, Kildonan, as at April 30th, 1937 .....	36
Total number of patients remaining in Incurable Ward, St. Anthony's Hospital, as at April 30th, 1937 .....	3
Total number of patients remaining in Incurable Ward, Old Folks' Home, Middlechurch, as at April 30th, 1937 .....	6
Total number of patients in Private Homes, as at April 30th, 1937.....	167

With the exception of the Government Institution (The Manitoba School, Portage la Prairie), all the above institutions receive a grant from this Department on a per capita basis of 25c per day.

During the past we have endeavored to place those requiring Institutional care with as little delay as possible. A great number of the cases in these institutions are admitted on order from the Department at the request of the municipality. The municipality is required to pay 50c per day towards the patient's maintenance for walking cases, or those who do not require extra nursing care, and \$1.00 per day for those who are bedridden and do require extra nursing care. An examining physician determines the status of the patient and the rate to be charged.

### OLD AGE PENSIONERS

I beg to report we have administered the Old Age Pensions belonging to patients admitted into the Homes for Aged and Infirm.

During the Fiscal Year there were 61 Old Age Pensioners in the Home for Aged and Infirm, St. Boniface, 10 Old Age Pensioners in the Home for Aged and Infirm, Portage la Prairie, and 11 Old Age Pensioners in the Salvation Army Home, Sunset Lodge, totalling 82, and their Pension monies were disposed of as follows:—

**Home for Aged and Infirm, St. Boniface:**

Balance in Trust Account, April 30th, 1936 .....	\$ 2,387.27
Amount of Pensions received .....	14,535.58
Personal Allowances to Pensioners .....	\$1,264.69
Refunded back to Municipalities .....	8,700.50
Placed in Consolidated Revenue .....	4,088.53
	<u>14,053.72</u>
Balance in Trust Account, April 30th, 1937 .....	<u>\$ 2,869.13</u>

**Home for Aged and Infirm, Portage la Prairie:**

Balance in Trust Account, April 30th, 1936 .....	\$ 102.48
Amount of Pensions received .....	2,514.43
Personal Allowances to Pensioners .....	\$ 227.41
Refunded back to Municipalities .....	1,151.90
Placed in Consolidated Revenue .....	916.24
	<u>2,295.55</u>
Balance in Trust Account, April 30th, 1937 .....	<u>\$ 321.36</u>

**Sunset Lodge, Kildonan:**

Balance in Trust Account, April 30th, 1936 .....	\$ 183.00
Amount of Pensions received .....	2,732.02
Personal Allowances to Pensioners .....	\$ 233.73
Refunded back to Municipalities .....	1,540.50
Placed in Consolidated Revenue .....	809.49
	<u>2,583.72</u>
Balance in Trust Account, April 30th, 1937 .....	<u>\$ 331.30</u>

The Pensioners appear to be quite satisfied with the arrangement made for their personal allowances, and the municipalities have, as usual, been promptly refunded.

**INCURABLES OUTSIDE THE INSTITUTIONS**

At the end of the Fiscal Year, April 30th, 1937, 167 incurables were being taken care of in private homes. This represented an increase of 40 over the previous year.

The situation with respect to caring for incurables outside of the institutions is becoming one of some importance and, if the numbers increase from year to year as they have been doing for the past two years, the cost to the Province in this connection is bound to reach proportions of some magnitude.

This Division has been doing everything that it can to keep the number to whom a grant is given down to a minimum although it is a very difficult problem to deal with, especially as practically all of the cases are put up to this Division as being exceptionally urgent. It appears that there is a greater and greater tendency on the part of many families having an aged or incurable relative in their midst to look around for a governmental agency to whom the burden of caring for such person can be shifted. This situation, to my mind, is becoming increasingly serious, as we appear in many cases to be getting away from the proper principle of families co-



operating together as one unit. Further than this it would seem to me that the care of incurables, after being in the first instance the responsibility of the family is that of the municipality and not of the Province.

**THE MANITOBA SCHOOL, PORTAGE LA PRAIRIE**  
**THE MENTAL DEFICIENCY ACT**

This Division is responsible for the collections for the maintenance of mental defectives in The Manitoba School from the municipalities from which they come. Collections on the whole, from the municipalities, have been fairly satisfactory, and with the return of better farming conditions we look forward to even better success this coming year. There are several municipalities in arrears and we are endeavoring to have them catch up just as quickly as possible, although, of course, in those municipalities where the crop has not been a normal one, we are bound to meet difficulties.

Yours sincerely,

R. R. GOODWIN,

Acting Supervisor of Public Institutions.

# Administration of the Estates of the Mentally Incompetent

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Dr. F. W. Jackson,  
Deputy Minister,  
Department of Health and Public Welfare,  
Winnipeg,

May 1st, 1937.

Dear Sir:

I have the honor of presenting herewith the report for the year ending April 30th, 1937, for the Division of Administrator of the Estates of the Mentally Incompetent for the Province of Manitoba.

The total number of estates under administration during the period was 651, this being an increase of 67 over the previous year. Of the estates under administration, 489 were productive, and the balance of 162, unproductive.

During the past year there was the undernoted number of farms, city and suburban properties under administration:

Leases	-----	Farms	67	
		City	33	100
Mortgages	-----	Farms	36	
		City	15	51
Agreements for				
Sale	-----	Farms	28	
		City	9	37
			—	—
				<u>188</u>

It will be noted that this is an increase of 54 properties over the year ending April 30th, 1936.

This Division received for patients in the Brandon and Selkirk institutions, as the patients' shares on farms under lease, the following amounts of grain:

Wheat	-----	4,235 bus.	Rye	-----	316 bus.
Oats	-----	4,389 bus.	Flax	-----	17 bus.
Barley	-----	2,780 bus.	Hay	-----	10 tons
		Oat Sheaves,	4,000.		

Mention might be made that where patients were discharged after the taking off of the crop in the Fall of 1936, but prior to April 30th, 1937, the crop returns in these cases do not appear in the above statement, so that actually considerably more grain than the above numbered bushels was handled by this Division. The coarse grains handled by this Division were considerably reduced from that handled in the previous year, while the wheat was almost doubled. The prices received for both coarse grains and wheat were much more satisfactory than in the previous year.

During the year, the following properties were sold:

S. W. 2-17-2 East,  
N. ½ of N. W. 28-6-5 West,  
S. W. 10-5-9 West.



Before completing the sales, values were checked very carefully and consideration given as to the patient's condition and as to the likelihood of his early discharge from the Institution. One of the sales was for all cash and substantial cash payments were made on the other two properties. The prices realized were by no means salvage or sacrifice prices and the deals were completed only after consultation with relatives where possible. During the year, fourteen auction sales were held, five cases of which were sales of farm stock and equipment, the balance being sales of household effects. An inspector of this Division attended ten of the sales and surprisingly good prices were realized.

### RENTALS

Cash rentals received from houses owned by patients were approximately \$450.00 per month. We have succeeded in keeping practically all of the houses on a revenue basis although in some cases, this revenue is small due to the repairs which old houses necessarily require to keep them from becoming vacant. A close watch is kept on rental accounts and in many cases our inspector personally collects the rent so that we feel this phase of this Division's work is being handled efficiently..

We have been successful in once again satisfying the various mortgagees of the farm and city properties with the result that we have lost no properties through mortgage sale proceedings, and a close watch is kept on the taxes to prevent further arrears piling up. I may add that we carry 120 fire insurance policies on the buildings on the farms and elsewhere.

### LIFE INSURANCE

Life insurance policies held in this office in trust for the patients as at the end of the Fiscal Year, amount to 156. Twenty-six of the life insurance policies contain disability clauses entitling the assured to receive a monthly, quarterly or yearly instalment, in addition to having the premiums waived. A number of the others contain disability clauses merely waiving the premiums. We endeavour to keep the life insurance in force wherever possible. If it is found impossible to keep in force we take advantage of extended insurance clauses, paid-up insurance clauses, and other benefits available to the assured thereunder.

### BONDS

The bonds under administration total \$178,169.56. This is an increase of over \$2,000.00 over the previous year. Stocks held in this office for patients are valued nominally at \$55,848.94.

### INSPECTIONS

During the year, 432 incoming reports were received from the Brandon and Selkirk Hospitals for Mental Diseases. This represents an increase of 58 over the previous year. In addition thereto, 371 outgoing reports were received, representing an increase of 69 over the previous year. Each of the incoming reports involves an inspection being made in regard to the patient's estate. In many cases this is done by correspondence, although all city cases and a good percentage of the country cases are personally inspected by our inspector. The outgoing reports involve the closing out of the estate accounts in this office and the accounting to the patient or heirs as the case may be.

It has been the policy of this Division this past year to personally interview and keep in touch as closely as possible with tenants on farms and in houses. It is

necessary, however, to take into consideration the cost element of inspection and inspection costs are kept down to a minimum.

### PENSIONS

The pensions of sixty-five of the soldier patients have been administered during the past year, the amount derived from same approximating \$1,200.00 per month. During the year, we went into certain phases of the relationship between the Dominion and the Province with respect to War Veterans' Allowances to soldier patients and placing of others on the S. C. R. strength.

### MAINTENANCE

During the year, the Administrator of the Estates of the Mentally Incompetent paid over to the Supervisor of Public Institutions, the sum of \$40,880.63 for maintenance of inmates in the following institutions:

Selkirk Hospital for Mental Diseases .....	\$14,997.45
Brandon Hospital for Mental Diseases .....	23,970.71
Psychopathic Hospital, Winnipeg .....	432.00
The Manitoba School, Portage la Prairie .....	1,480.47
Total .....	<u>\$40,880.63</u>

In conclusion, I might mention that during the year steps were taken to initiate a scale of fees to be charged for administration of estates in certain cases. The set up has not yet been completed but it is hoped that further steps will be taken during the ensuing year. This is a new departure, of course, and will have to be carefully gone into before final completion, as there is no object in charging fees if it will work out that the maintenance collections from the estates department are reduced by the amount of fees collected.

I should like at this time to thank the Honourable Minister and yourself for the kind co-operation extended during the year and also pay tribute to the staff of this office for their assistance and help which has at all times been forthcoming.

Yours sincerely,

R. R. GOODWIN,

Deputy pro tempore of the Administrator  
of the Estates of the Mentally Incompetent.



# Division of Hospitalization

Dr. F. W. Jackson,  
Deputy Minister,  
Department of Health and Public Welfare,  
Winnipeg, Man.

May 1st, 1937.

Sir:

I have the honour to submit herewith the Annual Report of the Division of Hospitalization.

During the fiscal year ending April 30th, 1937, there were three new hospitals opened, making a total of forty-one hospitals now operating under "The Hospital Aid Act" (See Form I).

## BED CAPACITY

The capacity of the public hospitals in Manitoba is now reported as 4,303 beds, being an increase of 153 over last year.

Tuberculosis .....	706 beds
Other infectious diseases .....	340 beds
General .....	3,257 beds
<hr/>	
Total .....	4,303 beds

## PATIENTS TREATED

There were 77,462 patients treated during the year, a considerable increase over the previous year and the greatest number for the past five years. This is set out in the following table:

Hospital Beds and Patients Treated—Manitoba, 1932-1937.

Year	Population		Hospital Patients		Hospital Beds		*Patients Admitted per 1,000 of the population
	Number	% of 1932 Figure	Number	% of 1932 Figure	Number	% of 1932 Figure	
1931-32 .....	700,139	100.0	59,185	100.	3,890	100.	84
1932-33 .....	702,322	100.3	59,243	100.	3,942	101.	84
1933-34 .....	704,505	100.6	57,904	97.	3,973	102.	82
1934-35 .....	706,688	100.9	67,360	113.	4,087	105.	95
1935-36 .....	708,671	101.2	71,578	120.	4,150	106.	100
1936-37 .....	711,056	101.5	77,462	130.	4,303	110.	108

\*These figures have been corrected using the 1936 census figures as the basis.

## HOSPITAL DAYS

The total hospital days accrued this year shows a slight increase over last year but has not shown the same increase as the number of patients treated, resulting in a shorter average day's stay. The proportion of hospital days in public and private wards remains about the same; 88% in public and 12% in private and semi-private (see Table II, and Form II for infant and adult days).

Total Hospital Days—Manitoba, 1932-1937

Year	Number	% of 1932 Figures
1931-32 -----	897,204	100.0
1932-33 -----	892,224	99.4
1933-34 -----	874,582	97.4
1934-35 -----	976,812	108.8
1935-36 -----	1,048,454	116.8
1936-37 -----	1,073,834	119.6

AVERAGE DAYS' STAY

Excluding the Convalescent, Tuberculosis and Contagious Disease Hospitals, the average days' stay ranged from 5.9 to 16.1 (see Table No. I), or an average of 10 days' stay for all the General Hospitals in the Province. The average days' stay in the private wards was 9.4 days and in the public wards 10.1 days, both figures being lower than the previous year.

DEATHS

During this past fiscal year, there were 2,272 deaths in all hospitals; 201 in the Sanatoria and Contagious Disease Hospitals and 2,071 in the General Hospitals. The rates varied from a low of .96% in the Concordia Hospital to a high of 6.6% in the Elizabeth M. Crowe Memorial Hospital in the general institutions, and from .38% to 9.11% in the sanatoria and contagious disease hospitals (see Form I).

BED OCCUPANCY

The average number of patients in the hospitals in relation to the number of beds indicates that the occupancy is higher in the sanatoria and contagious disease hospitals than in most of the general hospitals (see Table V).

OPERATING COST

According to the figures submitted, the average operating cost of all the hospitals was \$2.36 per patient day, 12c more than last year (see Table IV).

MAINTENANCE INCOME

The Maintenance Income for all hospitals, not considering bad debts written off, is \$2.45 per patient day.

STATUTORY GRANT

The total amount paid to hospitals under this heading, as provided by Section 3(1) of Part I of "The Hospital Aid Act" was \$389,150.20, an increase of \$28,191.19 over last year.

Under Section 3(2) of Part I of "The Hospital Aid Act", the statutory grant was discontinued for the following periods in these hospitals:

Convalescent Hospital -----	1,116 days
Grace Hospital -----	85 days
Portage la Prairie General Hospital -----	28 days
Selkirk General Hospital -----	52 days
St. Boniface General Hospital -----	335 days
Victoria Hospital -----	881 days
Total -----	2,497 days



**HOSPITALIZATION IN UNORGANIZED AND DISORGANIZED TERRITORY**

Under Section 19 of Part II of "The Hospital Aid Act", agreements were entered into with

St. Anthony's Hospital	for \$10,000 per annum;
Pine Falls Hospital	for \$ 4,800 per annum;
Hunter Hospital	for \$ 3,000 per annum.

The expenditure through this Division on per diem maintenance for patients from Unorganized Territory, "No Fixed Abode", etc., was slightly more than for the preceding fiscal year, accounted for mainly by bills which are being carried over into next year. The cost for patients with "No Fixed Abode" was increased about 45%, while the cost for those in the other residential categories remained approximately the same.

The Annual Returns from the hospitals indicate that a total of 3,711 admissions took place from unorganized territory, equivalent to 84 per 1,000 of their population compared with 108 for the whole Province.

The potential charge against public funds for patients in the public wards of the various hospitals amounts to \$1,748,865.64, which is equivalent to \$2.45 per capita. For the patients actually residing in Unorganized or Disorganized Territory, the amount paid out by this Division in per diem maintenance and statutory grant was \$104,645.63 or \$2.39 per capita of the estimated population. The figures for both the Province as a whole and for Unorganized Territory alone show a slight increase over the preceding year. The per capita costs this year, which are slightly lower than last year, are probably more accurate than for 1935-1936 as the 1936 census figures were available and were at considerable variance with the estimated figures used last year.

The increase in the hospital costs this year in Unorganized Territory is due entirely to the increased expenditure necessary for the care of patients in the tuberculosis sanatoria. The expenditures in the other hospitals were slightly decreased, as indicated in the following table:

**Hospitalization Cost for Residents of Unorganized Territory—1936 and 1937.**

Year	Tuberculosis Sanatoria	Other Diseases	Total
1936 .....	\$45,543.43	\$60,719.06	\$106,262.49
1937 .....	49,481.20	55,164.43	104,645.63

The estimated per capita cost for the care of Tuberculosis from Unorganized Territory is \$1.13 compared with the per capita cost for the entire Province of \$0.60. The estimated per capita cost for the hospital care of other diseases from Unorganized Territory is \$1.26 as compared with \$1.85 for the entire Province.

**Area No. I, North of the 45th Township**

The \$16,088.70 expended in this area is the largest cost for any of the areas of Unorganized Territory. This is so both for Tuberculosis and for other diseases. To take care of the hospitalization of this area, exclusive of Tuberculosis, an agreement was entered into with St. Anthony's Hospital, The Pas. This works out reasonably well as only twelve patients, representing an outlay of \$975.85, were cared for in general hospitals other than St. Anthony's. The number of patients admitted to St. Anthony's Hospital from Unorganized Territory was 424, this being considerably

less than the 591 for the previous years; also the average days' stay in the public wards of the St. Anthony's Hospital was reduced from 11.46 in 1936 to 10.1 in 1937, which would reduce the patient days chargeable to this Department.

**Area No. II, South of the 45th Township Down to Duck Mountain Reserve and West of Lake Winnipegosis**

This area took the second largest amount for hospitalization. Most of it is accounted for in the care of Tuberculosis—\$1.26 per capita as compared with 63c per capita for all other sickness.

**Area No. VIII, Disorganized Municipality of Kreuzberg.**

The cost of hospitalization here was \$10,239.15. An agreement was entered into with the Hunter Hospital, Teulon, to provide care for residents of this area. This is exclusive of Tuberculosis. The arrangement is not entirely satisfactory as many patients get into other general hospitals who should be looked after in the Hunter Hospital. During this fiscal year, the hospital received a total of \$3,000.00 under the agreement, during the same period 81 patients from this area were treated in other general hospitals at a total cost of \$3,656.90.

**Area No. IX, Along the West Shore of Lake Winnipeg.**

The per capita cost of hospital care for this district is very high, \$4.33, and is accounted for largely by the Tuberculosis hospitalization. The per capita cost for that purpose is higher than for any other district, being more than double the average cost for the whole of Unorganized Territory for Tuberculosis hospital care.

**Area No. X, Unorganized Area Around Pine Falls.**

If the 1936 census figures are correct, the per capita cost for hospital care in this area is \$3.95, the third highest figure in the Province. Here the Tuberculosis hospitalization is very little over the average but the general hospital care for other diseases, which is \$2.28 per capita, is almost double the average of the whole Unorganized area for such care. The agreement with the Pine Falls Hospital pays the Institution \$4,800.00 to hospitalize patients from this area. Aside from this, 35 patients were treated in other general hospitals for a total cost of \$1,338.20.

**Area No. XII, made up of the Disorganized Municipalities of Stuartburn and Sprague and the Unorganized portion around Woodridge bordered on the west by LaBroquerie and on the south by Piney and Sprague.**

For this whole area, the per capita cost to the Department for hospitalization was \$1.43 and for each of the three sub-divisions as follows:—

Stuartburn Municipality—Population 5,051	—	.82 per capita
Woodridge District —Population 965	—	1.98 per capita
Sprague Municipality —Population 1,673	—	2.95 per capita

In Stuartburn, there is located the Vita Hospital which is easily accessible to the residents of Stuartburn but, for geographical reasons, cannot be used to any extent by the residents of Sprague or Woodridge. The low per capita cost in Stuartburn does not indicate that the amount of sickness or hospitalization is less but that the Vita Hospital is able to arrange for a comparatively large number of the patients to liquidate their own accounts; consequently we are not advised of their admissions.



In the other two sub-divisions, the figures indicate fairly well the amount of hospitalization taking place.

In Woodridge and Sprague, there are no medical services of any kind, and any type of illness which requires a physician's care comes to Winnipeg, by motor or on the daily train and, under these circumstances, certain cases have to be admitted to hospital who would not be if medical care was available near their own homes. The following table indicates in some detail the amount and character of the hospitalization and the estimated saving if a physician was available at all times:

Disease	Disorganized Sprague			Unorganized Townships around Woodridge		
	Total Admis- sions	Total Days in Hospital	Estimated Days saved by Physician	Total Admis- sions	Total Days in Hospital	Estimated Days saved by Physician
Tuberculosis .....	3	649	-----	1	22	----
Other Infectious Diseases (excluding pneumonia)	11	197	144	6	78	28
Cancer .....	3	139	-----	3	77	----
Injuries .....	6	95	45	3	17	17
Gastro-Intestinal .....	13	270	-----	14	224	3
Kidney and Genito- Urinary (excluding venereal) .....	1	12	-----	6	218	----
Confinement—Adult.....	16	170	170	5	53	53
Infant....	---	168	168	---	40	40
Circulatory .....	9	312	235	5	146	115
Respiratory .....	3	85	71	5	56	46
Thyroid .....	2	57	-----	1	29	----
Miscellaneous .....	30	420	140	9	83	27
	97	2,574	973	58	1,043	329
			(representing 49 patients)			(representing 25 patients)

In Woodridge and Sprague, excluding Tuberculosis, the hospital days totalled 2,946, and it is estimated that these might be diminished 1,302 days under conditions just mentioned. To provide this, it is presumed that the Government would be called upon to assume the entire responsibility and hence there is no reason to believe that expenditures would be less than under existing conditions; however, a much better medical service could be rendered for the money expended.

Respectfully submitted,

E. W. MONTGOMERY,  
Division of Hospitalization.

Hospital	Location	Character of Service	Bed Capacity	No. of Patients Treated	Total No. of Hospital Days	Average Days' Stay in Hospital	Average No. of Patients in Hospital Daily	No. of Deaths During Year	Death Rate
*Bethel	Winkler	General	27	163	1,321	8.1	9.6	6	3.68
†Bethesda	Steinbach	General	17	96	1,030	10.7	9.8	4	4.17
Birtle (St. Mary's)	Birtle	General	14	217	2,139	9.9	5.9	8	3.7
Brandon	Brandon	General	222	1,947	31,333	16.1	85.8	99	5.08
Carman	Carman	General	41	1,414	8,360	5.9	22.9	20	1.41
Central T.B. Clinic	Winnipeg	Tuberculosis	60	6,850	21,335	3.1	58.5	26	.38
Children's	Winnipeg	General	135	2,737	35,637	13.	97.6	64	2.34
Concordia	Winnipeg	General	50	830	9,020	10.9	24.7	8	.96
Convalescent	Winnipeg	Rest Home	50	219	12,618	57.6	34.6	---	---
§Crerar	Winnipegosis	General	21	37	436	11.8	3.4	2	5.4
Dauphin	Dauphin	General	100	2,258	20,787	9.2	57.	72	3.19
Deloraine Memorial	Deloraine	General	17	616	5,343	8.7	14.6	22	3.57
Elizabeth M. Crowe									
Memorial	Eriksdale	General	11	241	2,441	10.1	6.7	16	6.6
Ethelbert	Ethelbert	General	15	225	2,049	9.1	5.6	6	2.66
Freemasons'	Morden	General	32	721	8,792	12.2	24.1	26	3.61
Gladstone	Gladstone	General	8	126	827	6.5	2.3	5	3.97
Grace	Winnipeg	General	241	2,999	45,268	15.9	124.	98	3.27
Grandview	Grandview	General	15	215	1,972	9.2	5.4	10	4.65
Hamiota	Hamiota	General	10	183	1,696	9.3	4.6	7	3.83
Hunter	Teulon	General	40	558	8,111	14.5	22.2	15	2.69
Lady Minto	Minnedosa	General	18	356	3,197	9.	8.8	15	4.21
Man. Sanatorium	Ninette	Tuberculosis	285	1,632	102,220	62.6	280.1	29	1.78
Misericordia	Winnipeg	General	285	5,999	56,706	9.5	155.4	142	2.37
Municipal	Winnipeg	Isolation	330	2,849	90,189	31.7	247.	72	2.53
Neepawa	Neepawa	General	30	688	6,840	9.9	18.5	27	3.92
Pine Falls	Pine Falls	General	35	669	7,408	11.1	20.3	21	3.14
Portage la Prairie	Portage la Prairie	General	75	1,344	14,418	10.7	39.5	61	4.54
Sacred Heart	Russell	General	36	748	7,914	10.6	21.7	19	2.54
Selkirk	Selkirk	General	68	1,618	11,761	7.3	32.2	53	3.28
Shoal Lake Mun'pal	Shoal Lake	General	15	303	3,395	11.2	9.3	8	2.64
Souris & Glenwood									
Memorial	Souris	General	40	666	6,043	9.1	16.6	8	1.2
St. Anthony's	The Pas	General	140	1,589	19,340	12.8	53.	44	2.76
St. Boniface	St. Boniface	General	503	11,759	140,608	12.	385.2	345	2.92
St. Boniface									
Sanatorium	St. Vital	Tuberculosis	268	516	79,305	153.7	217.3	47	9.11
St. Joseph's	Winnipeg	General	125	3,181	29,949	9.4	82.	64	2.01
St. Roch's	St. Boniface	Isolation	110	816	21,870	26.8	59.8	27	3.31
Swan River	Swan River	General	15	368	3,259	8.9	8.9	12	3.26
Victoria	Winnipeg	General	124	3,455	31,896	9.2	87.4	90	2.6
Virden	Virden	General	22	528	4,923	9.3	13.5	14	2.65
Vita	Vita	General	22	579	4,787	8.3	13.1	14	2.42
Winnipeg General	Winnipeg	General	631	15,147	207,291	13.7	567.9	646	4.26

Total

4,303 77,462 1,073,834

2,272

\* From Dec 14th 1936 † From Jan 15th 1937 § From Dec 20th 1936



HOSPITAL	Patients in Public Wards		Public Ward Patient Days		Average Days' Stay in Public Wards		Patients in Semi-Private Wards		Private and Semi-Private Days		Average Days' Stay in Private and Semi-Private Wards	
	Adult	Infant	Adult	Infant	Adult	Infant	Adult	Infant	Adult	Infant	Adult	Infant
Bethal	115	46	969	336	8.4	7.3	2	—	16	—	8.	—
Bethesda	67	29	765	265	11.4	9.1	—	—	—	—	—	—
Birtle General (St Mary's)	176	26	1,742	220	9.9	8.5	10	5	127	50	12.7	10.
Brandon General	1,466	172	25,518	2,236	17.4	13.	291	18	3,353	226	11.5	12.6
Carman General	1,190	83	6,459	862	5.4	10.4	130	11	941	98	7.2	9.
Central Tuberculosis Clinic	6,850	—	21,335	—	3.1	—	—	—	—	—	—	—
Children's	2,456	—	34,297	—	14.	—	281	—	1,340	—	4.7	—
Concordia	295	62	3,512	511	11.9	8.2	383	90	4,163	834	10.9	9.1
Convalescent	219	—	12,618	—	57.6	—	—	—	—	—	—	—
Crerar	36	1	428	8	11.9	8.	—	—	—	—	—	—
Dauphin General	1,893	145	17,792	1,195	9.5	8.2	190	30	1,581	219	8.3	7.3
Deloraine Memorial	536	69	4,628	680	8.6	9.8	11	—	35	—	3.2	—
Elizabeth M. Crowe Memorial	192	49	1,963	478	10.2	9.7	—	—	—	—	—	—
Ethelbert General	188	37	1,703	346	9.5	9.3	—	—	—	—	—	—
Freemasons'	591	61	7,620	588	13.	9.6	69	—	584	—	8.5	—
Gladstone General	107	19	630	197	5.9	10.3	—	—	—	—	—	—
Grace	1,987	486	34,999	4,959	17.6	10.2	381	145	3,782	1,528	9.9	10.5
Grandview	51	25	603	201	11.8	8.	101	38	817	351	8.1	9.2
Hamiota	143	40	1,281	415	9.	10.4	—	—	—	—	—	—
Hunter	492	58	7,494	560	15.2	9.6	6	2	45	12	7.5	6.
Lady Minto	280	50	2,504	521	8.9	10.4	22	4	118	54	5.4	13.5
Manitoba Sanatorium	1,632	—	102,220	—	62.6	—	—	—	—	—	—	—
Misericordia	3,474	667	34,199	7,212	9.8	10.8	1,667	191	13,445	1,850	8.1	9.7
Municipal	2,803	1	89,753	23	32.	23.	45	—	413	—	9.2	—
Neepawa General	557	66	5,258	678	9.4	10.3	56	9	838	66	15.	7.3
Pine Falls	591	78	6,739	669	11.4	8.6	—	—	—	—	—	—
Portage la Prairie General	1,014	173	11,569	1,544	11.4	9.	127	30	1,049	256	8.3	8.5
Sacred Heart	649	67	6,839	678	10.5	10.1	26	6	335	62	12.1	10.3
Selkirk General	1,374	151	9,472	1,399	6.9	9.3	93	—	890	—	9.6	—
Shoal Lake Municipal	245	41	2,710	427	11.	10.4	17	—	258	—	15.	—
Souris and Glenwood Memorial	560	48	4,946	597	8.8	12.4	54	4	460	40	8.5	10.
St. Anthony's	1,129	96	11,316	979	10.	10.2	364	—	7,045	—	19.4	—
St. Boniface General	9,448	982	112,002	12,475	11.9	12.7	1,251	78	15,245	886	12.2	11.4
St. Boniface Sanatorium	510	3	78,318	308	153.5	—	3	—	679	—	226.3	—
St. Boniface's	2,285	469	21,991	4,017	9.6	8.6	392	35	3,615	326	9.2	9.3
St. Roch's	796	13	21,228	462	26.7	35.5	7	—	180	—	25.7	—
Swan River	341	25	3,000	246	8.8	9.8	2	—	13	—	6.5	—
Victoria	2,689	296	24,807	3,008	9.2	10.2	431	39	3,689	392	8.6	10.
Viriden	420	52	3,986	511	9.5	9.8	48	8	369	57	7.7	7.1
Vita General	498	81	4,057	730	8.1	9.	—	—	—	—	—	—
Winnipeg General	9,616	561	147,643	5,251	15.4	9.4	4,580	390	50,474	3,923	11.	10.
	59,961	5,328	890,913	55,792			11,040	1,133	115,899	11,230		

Hospital	Location	Total Income	Total Expenditures	Net Profit	Net Loss
Bethel	Winkler	1,201.20	1,007.49	193.71	
Bethesda	Steinbach	Recently declared a public hospital.	No return for period.		
Birtle General (St. Mary's)	Birtle	4,494.10	4,209.66	284.44	
Brandon General	Brandon	79,015.03	83,506.08		4,491.05
Carman General	Carman	19,457.56	16,713.05	2,744.51	
Central Tuberculosis Clinic	Winnipeg		Included with Manitoba Sanatorium.		
Children's	Winnipeg				
Concordia	Winnipeg	126,391.58	128,753.05		2,361.47
Convalescent	Winnipeg	26,296.85	24,449.52	1,847.33	
Crerar	Winnipeg	12,542.06	14,075.78		1,533.72
Dauphin General	Winnipegosis	Recently declared a public hospital.	No return for period.		
Deloraine Memorial	Dauphin	42,980.31	39,184.67	3,795.64	
Elizabeth M. Crowe Memorial	Deloraine	14,875.86	11,204.93	3,670.93	
Ethelbert General	Eriksdale	5,532.79	5,139.07	393.72	
Freemasons'	Ethelbert	7,685.04	7,490.60	194.44	
Gladstone	Morden	23,742.36	21,279.30	2,463.06	
Grace	Gladstone	1,803.43	2,565.09		761.66
Grandview	Winnipeg	85,687.97	86,882.46		3,194.49
Hamiota General	Grandview	2,172.20	2,091.43	80.77	
Hunter	Hamiota	4,755.87	4,360.28	395.59	
Lady Minto	Teulon	12,730.23	12,955.04		224.81
Manitoba Sanatorium	Minnedosa	7,685.91	6,994.08	691.83	
Misericordia	Ninette	237,160.75	243,306.57		6,145.82
Municipal	Winnipeg	159,357.98	199,777.39		40,419.41
Neepawa General	Winnipeg	87,239.10	336,080.15		248,841.05
Pine Falls	Neepawa	15,720.32	13,995.97	1,726.35	
Portage la Prairie General	Pine Falls	17,961.33	21,498.37		3,537.04
Sacred Heart	Portage la Prairie	33,486.34	39,868.06		6,381.72
Selkirk General	Russell	14,406.28	9,371.20	5,035.08	
Shoal Lake Municipal	Selkirk	21,593.58	24,598.55		3,004.97
Souris and Glenwood Memorial	Shoal Lake	6,618.68	7,891.21		1,272.53
St. Anthony's	Souris	13,379.18	12,949.07	430.11	
St. Boniface General	The Pas	38,816.31	62,844.41		24,028.10
St. Boniface Sanatorium	St. Boniface	384,764.47	391,539.77		6,775.30
St. Joseph's	St. Vital	197,724.81	204,528.45		6,803.64
St. Roch's	Winnipeg	72,391.28	82,502.48		10,111.20
Swan River	St. Boniface	49,141.64	49,828.90		687.26
Victoria	Swan River	9,961.72	6,751.22	3,210.50	
Virden	Winnipeg	67,602.87	63,756.69	3,846.18	
Vita General	Virden	12,126.66	11,002.86	1,123.80	
Winnipeg General	Vita	14,127.56	16,994.64		2,867.08
	Winnipeg	657,659.47	672,484.30		14,824.83
		2 588,290.68	2,944,429.84	32,127.99	388,267.15



## FORM IV.

## DIVISION OF HOSPITALIZATION

## STATUTORY GRANT AND PER DIEM MAINTENANCE EXPENDITURE

For Fiscal Year Ending April 30th, 1937.

Hospital	Hospital Aid Act, Statutory Grants	Special Building Grants	Per Diem Mtce. Payments	Trans. and Burial Payments	Total
Bethel .....	\$ .....	\$ .....	\$ .....	\$ .....	\$ .....
Bethesda .....	.....	.....	.....	.....	.....
Birtle (St. Mary's) .....	750.40	.....	.....	.....	750.40
Brandon General .....	11,097.90	1,680.63	626.25	.....	13,404.78
Carman General .....	2,855.60	.....	9.00	.....	2,864.60
Central T. B. Clinic .....	9,650.00	.....	2,464.05	.....	12,114.05
Children's .....	13,332.20	.....	2,177.15	1.75	15,511.10
Concordia .....	.....	.....	.....	.....	.....
Convalescent .....	3,885.30	.....	761.40	6.10	4,652.80
Crerar .....	.....	.....	.....	.....	.....
Dauphin General .....	7,058.60	.....	2,130.85	25.25	9,214.70
Deloraine Memorial .....	1,539.80	.....	.....	.....	1,539.80
E. M. Crowe Memorial .....	.....	750.00	135.00	.....	885.00
Ethelbert General .....	652.40	.....	592.00	.....	1,244.40
Freemasons' .....	3,383.80	.....	7.50	.....	3,391.30
Gladstone .....	392.40	.....	90.00	.....	482.40
Grace .....	15,427.60	2,250.00	663.25	.....	18,340.85
Grandview .....	292.90	.....	.....	.....	292.90
Hamiota General .....	.....	300.00	.....	.....	300.00
Hunter .....	3,000.00	290.00	88.50	.....	3,378.50
Lady Minto .....	1,028.00	.....	42.00	.....	1,070.00
Manitoba Sanatorium .....	50,802.50	.....	18,970.20	87.50	69,880.20
Misericordia .....	16,431.40	3,455.00	1,118.00	.....	21,004.40
Mount Carmel Clinic .....	.....	500.00	.....	.....	500.00
Municipal .....	35,118.30	.....	4,850.07	.....	39,968.37
Neepawa General .....	2,056.60	.....	323.25	.....	2,379.85
Pine Falls .....	4,800.00	.....	.....	.....	4,800.00
Portage la Prairie Gen. ....	5,313.30	.....	628.10	.....	5,941.40
Sacred Heart .....	1,590.00	316.10	34.50	.....	1,940.60
Selkirk General .....	4,024.90	.....	123.75	.....	4,148.65
Shoal Lake Municipal .....	1,013.40	.....	576.75	.....	1,590.15
Souris and Glenwood Mem. ....	1,423.80	.....	.....	.....	1,423.80
St. Anthony's .....	10,000.00	.....	.....	.....	10,000.00
St. Boniface General .....	47,441.20	2,892.38	11,890.70	27.15	62,251.43
St. Boniface San. ....	39,132.60	7,472.00	19,692.40	.....	66,297.00
St. Joseph's .....	9,910.20	1,475.00	1,198.50	10.25	12,593.95
St. Roch's .....	11,379.80	.....	3,560.20	6.57	14,946.57
Swan River .....	1,128.80	.....	575.75	3.40	1,707.95
Victoria .....	10,537.20	.....	1,374.75	.....	11,911.95
Virden .....	1,711.40	.....	49.50	.....	1,760.90
Vita General .....	1,778.20	.....	1,594.00	.....	3,372.20
Winnipeg General .....	59,209.70	14,030.00	15,084.03	29.60	88,353.33
Refunds to—					
City of Winnipeg .....	.....	.....	313.50	.....	313.50
Dept. Pensions and					
National Health .....	.....	.....	7.26	.....	7.26
R. M. of E. Kildonan .....	.....	.....	28.50	.....	28.50
Transportation, Burials etc. ....	.....	.....	.....	1,527.00	1,527.00
	\$389,150.20	\$35,411.11	\$91,780.66	\$1,724.57	\$518,066.54

TABLE No. I.

PATIENTS' AVERAGE DAYS' STAY IN GENERAL HOSPITALS, 1936-1937.

Brandon General .....	16.1 days
Grace .....	15.9 days
Hunter .....	14.5 days
Winnipeg General .....	13.7 days
Children's .....	13. days
St. Anthony's .....	12.8 days
Fremason's .....	12.2 days
St. Boniface General .....	12. days
Crerar .....	11.8 days
Shoal Lake Municipal .....	11.2 days
Pine Falls .....	11.1 days
Concordia .....	10.9 days
Bethesda .....	10.7 days
Portage la Prairie General .....	10.7 days
Sacred Heart .....	10.6 days
Elizabeth M. Crowe Memorial .....	10.1 days
Birtle General (St. Mary's) .....	9.9 days
Neepawa General .....	9.9 days
Misericordia .....	9.5 days
St. Joseph's .....	9.4 days
Hamiota General .....	9.3 days
Virden .....	9.3 days
Dauphin General .....	9.2 days
Grandview .....	9.2 days
Victoria .....	9.2 days
Ethelbert General .....	9.1 days
Souris and Glenwood Memorial .....	9.1 days
Lady Minto .....	9. days
Swan River .....	8.9 days
Deloraine Memorial .....	8.7 days
Vita General .....	8.3 days
Bethel .....	8.1 days
Selkirk General .....	7.3 days
Gladstone .....	6.5 days
Carman General .....	5.9 days

TABLE No. II.

Year	Patients Treated			Hospital Days			Public Ward Days % of Total
	Public	Private	Total	Public	Private	Total	
1933 .....	.....	.....	59,243	749,291	142,933	892,224	83
1934 .....	48,417	9,487	57,904	762,854	111,728	874,582	86
1935 .....	55,090	12,270	67,360	793,186	183,626	976,812	81
1936 .....	60,910	10,668	71,578	926,987	121,467	1,048,454	88.4
1937 .....	65,289	12,173	77,462	946,705	127,129	1,073,834	88.2



TABLE No. III.

Hospital	1933 Days	%	1934 Days	%	1935 Days	%	1936 Days	%	1937 Days	%
Isolation----	79,103	8.9	84,696	9.8	85,773	8.8	95,297	9.1	112,059	10.4
T.B. San.----	183,694	20.2	180,023	20.3	188,808	19.3	199,786	19.	202,860	18.9
General ----	629,427	70.9	609,863	69.9	702,231	71.9	753,371	71.9	758,915	70.7
	892,224		874,582		976,812		1,048,454		1,073,834	

TABLE No. IV.

MAINTENANCE COST PER PATIENT DAY AND ANNUAL COST PER BED  
For Fiscal Year Ending April 30th, 1937.

Hospital	Daily Cost Per Patient	Yearly Cost Per Bed
Birtle General (St. Mary's) -----	\$1.85	\$ 282.83
Brandon General -----	2.10	296.91
Carman General -----	1.99	407.63
Children's -----	3.76	936.61
Concordia -----	1.92	347.23
Convalescent -----	1.03	260.26
Dauphin General -----	1.67	346.62
Deloraine Memorial -----	1.93	608.36
Elizabeth M. Crowe Memorial -----	2.10	467.19
Ethelbert General -----	3.65	499.73
Freemasons' -----	2.16	594.20
Gladstone -----	2.21	229.38
Grace -----	1.85	347.24
Grandview -----	1.06	139.42
Hamiota General -----	2.57	436.02
Hunter -----	1.59	323.87
Lady Minto -----	2.16	383.86
Monitoba San. and Central T. B. Clinic----	1.92	688.42
Misericordia -----	3.21	640.55
Municipal -----	2.53	691.95
Neepawa General -----	1.87	428.72
Pine Falls -----	2.90	614.23
Portage la Prairie General -----	2.35	451.67
Sacred Heart -----	.94	207.34
Selkirk General -----	1.72	298.87
Shoal Lake Municipal -----	1.94	439.27
Souris and Glenwood Memorial -----	2.13	322.46
St. Anthony's -----	1.97	272.44
St. Boniface General -----	2.22	619.80
St. Boniface Sanatorium -----	1.90	563.19
St. Joseph's -----	2.24	536.91
St. Roch's -----	1.87	372.19
Swan River -----	2.07	450.08
Victoria -----	1.85	476.90
Virden -----	2.15	482.99
Vita General -----	3.07	668.80
Winnipeg General -----	3.03	1,009.92

TABLE No. V.

## AVERAGE PERCENTAGE OF DAILY BED OCCUPANCY

For Fiscal Year Ending April 30th, 1937.

## Sanatoria and Contagious Disease Hospitals:

	Percentage
Central Tuberculosis Clinic .....	100
Manitoba Sanatorium .....	99.4
St. Boniface Sanatorium .....	81.
Municipal .....	75.
St. Roch's .....	54.4

## General Hospitals:

Winnipeg General .....	90.
Deloraine Memorial .....	86.
St. Boniface General .....	76.5
Freemasons' .....	75.3
Children's .....	72.3
Victoria .....	70.5
Convalescent .....	68.1
St. Joseph's .....	65.6
Shoal Lake Municipal .....	62.
Neepawa General .....	61.7
Elizabeth M. Crowe Memorial .....	61.
Virden .....	61.
Bethesda .....	61.
Sacred Heart .....	60.
Vita General .....	60.
Swan River .....	59.3
Pine Falls .....	58.
Dauphin General .....	57.
Carman General .....	56.
Hunter .....	55.5
Misericordia .....	54.5
Portage la Prairie General .....	52.6
Grace .....	51.4
Concordia .....	49.4
Bethel .....	49.
Lady Minto .....	49.
Selkirk General .....	47.
Hamiota General .....	46.
Birtle General (St. Mary's) .....	42.
Souris and Glenwood Memorial .....	41.5
Brandon General .....	38.6
St. Anthony's .....	38.
Ethelbert General .....	37.3
Grandview .....	36.
Gladstone .....	29.
Crerar .....	21.



# Provincial Laboratory

Dr. F. W. Jackson,  
Deputy Minister of Health and Public Welfare,  
Legislative Buildings,  
Winnipeg, Man.

May 31st, 1937.

Sir:

Herewith I beg to submit a report of the work carried out during the year from May 1st, 1936, to April 30th, 1937, at the Provincial Bacteriological Laboratory:

	Number
Bacteriological examinations of water and ice for drinking purposes.	
Number of samples .....	2,022
Examinations of milk for fat content, total solids, number of bacteria per c.c., etc. Number of samples .....	321
Examinations of swabs from patients and contacts for the presence of the Diphtheria bacillus .....	1,894
Positive ..... 20 Negative ..... 1,874	
Wassermann tests on blood and spinal fluid, for Syphilis .....	18,770
Positive ..... 1,090 Negative ..... 17,680	
Examinations for pus for the Gonococci .....	702
Positive ..... 196 Negative ..... 506	
Examinations of sputum for Tuberculosis .....	108
Positive ..... 12 Negative ..... 96	
Widal agglutination tests for Typhoid Fever .....	206
Positive ..... 43 Negative ..... 163	
Agglutination tests for Paratyphoid A and B Fever .....	33
Positive ..... 1 Negative ..... 32	
Agglutination tests for Brucella abortus Melitensis—Undulant fever....	86
Examinations for Vincent's Disease .....	163
Examinations of spinal fluid for Meningitis, etc. ....	17
Examinations of pleuritic fluid for the Tubercle Bacillus, Pneumococci, etc. ....	22
Special examinations, transudates and exudates and gastric contents	15
Examination of swabs for Hemolytic Streptococci .....	139
Positive ..... 51 Negative ..... 88	
Examinations for Ringworm, Anthrax, Glanders, Rabies, Tularemia, Blastomycosis, etc. ....	198
Examinations of urine for Gonococci, Tubercle Bacilli, etc. ....	2,533
Examinations of feces for amebae, etc. ....	41
Examination of blood for Bacteria, etc. ....	60
Examinations of Tumors .....	70
Examinations of hospital "Dressings" for sterility .....	12
Virulence and special animal tests .....	75

During the year one hundred and twenty-five donors reported for the preparation of convalescent serum for the treatment of Poliomyelitis. Fifty-two thousand cubic centimeters of blood were withdrawn from which twenty-four thousand cubic centimeters of serum were obtained. Twelve hundred vials of serum were prepared and over one thousand distributed to various points in Manitoba.

Respectfully submitted,  
FRED CADHAM,

Director of Laboratory.





# Division of Disease Prevention

INCLUDING

**DIVISION OF COMMUNICABLE DISEASE**

**DIVISION OF VENEREAL DISEASE CONTROL**

**DIVISION OF PUBLIC HEALTH NURSING SERVICE**

**DIVISION OF FOOD CONTROL**

**DIVISION OF SANITATION**

**DIVISION OF INDUSTRIAL HYGIENE**

**DIVISION OF HEALTH EDUCATION**

Report for Calendar Year 1937.

# Division of Communicable Diseases

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Winnipeg, Manitoba,  
January 27th, 1938.

Dr. F. W. Jackson, D.P.H.,  
Deputy Minister of Health and Public Welfare,  
Legislative Building,  
Winnipeg, Manitoba.

Sir:

I beg to submit the following report for the year ending December 31st, 1937, on the Division of Disease Prevention, which includes the following sub-divisions:

**Communicable Diseases,  
Food Control,  
Sanitation,  
Industrial Hygiene,  
Venereal Disease Control,  
Public Health Nursing Service.**

In this report, unless specifically stated, Treaty Indians are not included in the population.

Respectfully submitted,

C. R. DONOVAN, M.D., D.P.H.,  
Director, Division of Disease Prevention.

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Winnipeg, Manitoba,  
January 7th, 1938.

Dr. C. R. Donovan, D.P.H.,  
Director, Division of Disease Prevention,  
Legislative Building,  
Winnipeg.

Sir:

The total number of notifiable diseases reported, exclusive of Cancer and Venereal Disease, was 28,139, being a considerable increase over last year; this increase is due entirely to the great improvement in the notification of Influenza, of which 18,571 cases were reported. Excluding Influenza from both 1936 and 1937 figures, the reportable diseases stand at 16,033, and 9,568 respectively, showing a considerable reduction this year. This is the lowest figure since 1933. Although this is the case, there is no definite trend, either upwards or downwards, in most of the infectious diseases during more recent years, as is indicated in Table No. 2, which gives the reported cases for twelve of the more common infections during the past five years. Diphtheria is the outstanding exception, as it continues to show a marked downward trend; on the other hand, Erysipelas is apparently on the increase, as indicated by our reports.



**Anterior Poliomyelitis:** A total of 261 cases were reported during 1937, approximately one-half the figure for 1936. The cases were distributed as follows:

Winnipeg .....	51	Transcona .....	50
Suburban Municipalities .....	18	City of Portage la Prairie.....	9
St. Boniface .....	11	Rural Manitoba .....	122

Sex and age distribution and seasonal occurrence of the disease are indicated in Table No. 3, and Chart No. 1, and show nothing unusual.

**Cerebrospinal Meningitis:** There were only seven cases of this disease reported during 1937; this is about the average incidence during the past few years.

**Chicken Pox:** Reports were received of 1,816 cases during 1937. This disease continues to much the same extent from year to year.

**Diphtheria:** The 103 cases reported in 1937 represents a very definite reduction in this disease over the previous year. There were 49 cases in Winnipeg; 5 cases in Unorganized Territory, and 49 cases distributed over 26 municipalities. St. Clements reported 9 cases; North Norfolk, 4 cases, and the remaining municipalities all had from one to three cases each.

Diphtheria Toxoid continues to be widely used throughout the Province, as indicated by Table No. 5, which shows the number of complete immunizations issued since 1929.

More general use of the Toxoid among the pre-school age group is still indicated, as is evident from Table No. 4, which shows the cases, deaths and fatality rates among the various ages.

42 municipalities undertook Toxoid administration during 1937, and programmes were put on in several unorganized districts, namely, the disorganized Municipality of Birch River and district along the Greater Winnipeg Water line, Pine Falls district, the Woodridge district, the disorganized districts of Stuartburn and Sprague, also the mining camps at Sherridon, Cranberry Portage, God's Lake and Herb Lake. According to our records there are 59 municipalities that have never had Diphtheria Toxoid on a community basis, and among these is the Municipality of St. Clements, which had more cases than any of the other rural municipalities in 1937.

**Erysipelas:** The 91 cases reported this year is a slight drop from 1936, but during recent years the disease is being reported more frequently than was formerly the case.

**Influenza:** This disease was present in Manitoba during 1937 to about the same extent as during 1936, both in regard to its clinical and epidemic characteristics. This year there were 18,571 cases reported, with 181 deaths up to November 30th, which compares with 199 deaths for the whole of 1936.

**Measles:** 2,839 cases were reported during the year, which is considerably under the number reported during 1936.

This disease continues more or less widespread, as shown in Chart No. 2, which covers the past fifteen years. The deaths this year indicate that the case fatality rate is approximately the same as last year, and are confined largely to the younger age groups, as in Table No. 7.

**Scarlet Fever:** 1,342 cases were reported during 1937, which is only about one-

half the number reported during 1936. Active immunization continues in some parts of the Province and is proving of definite value in the control of the disease.

The amount of Scarlet Fever toxin distributed is shown on Table No. 14, showing the various biologics sent out.

Chart No. 3 shows the trend of Scarlet Fever during the past 15 years.

**Smallpox: No cases.** This is the third successive year for such a report. Vaccination is carried on among the younger age groups in a general way throughout the Province.

**Tuberculosis:** 582 new cases were reported for 1937, which is a very slight increase over the previous year. If one excludes the deaths from Tuberculosis among the Treaty Indians, there is some indication that deaths from this disease are on the decline, but when the Treaty Indian figures are included, there is very little alteration in the death rates during the past ten years: See Table No. 8.

**Typhoid Fever:** The number of Typhoid Fever cases reported for 1937 was the lowest for many years, and was less than half the number reported for 1936. Of the 44 cases, three occurred in Winnipeg, 12 in other sewer and water areas, and 29 in strictly rural districts. The largest number of cases were reported during November and December; 9 and 10 respectively.

Outside of Winnipeg and Unorganized Territory, 17 municipalities reported 33 cases of the disease. This is in contrast to 29 municipalities reporting 97 cases last year.

The Municipality of Hanover is again this year the main centre for this disease. This Municipality had 6 cases, the City of St. Boniface had 5 cases; the Town of Carman, 3 cases; the City of Portage la Prairie, the Municipalities of DeSalaberry, Grey, Ritchot, and Tache, each had 2 cases, the other 9 municipalities reported 1 case each. Winnipeg had 3 cases and a total of 8 cases were reported from various sections of Unorganized Territory.

A small outbreak of Typhoid occurred at the Sandy Bay Indian Reserve late in November, and involved two non-Treaty Indians residing on the Reserve, which is located in Unorganized Territory on the west shore of Lake Manitoba.

One Typhoid carrier was reported in 1937. At the present time we have the following municipalities in which definitely proven carriers reside:

Ste. Anne .....	1	Brandon .....	1
Silver Creek .....	2	Westbourne .....	1

These cases are all under supervision.

**Undulant Fever:** This disease has been reported more frequently during the past few years. Ten cases are reported for 1937 from the following municipalities:

Winnipeg .....	2
Portage la Prairie City .....	2
Woodworth .....	1
Carberry .....	1
East Kildonan .....	1
Brandon .....	1
North Norfolk .....	1
Grandview Town .....	1



**Whooping Cough:** 2,012 cases reported for 1937 is the largest number since 1933, see Table No. 11. The deaths from this disease were more numerous than for any year since 1930, and as usual, were confined to the very young children: See Table No. 12.

**Cancer:** 1,171 new cases of cancer were reported during 1937. Of these, 596, or more than half died during the same twelve month period. Cancer of the female organs of generation numbered 295, almost one-half of the total cases reported for the female sex. Only 54 cases were reported involving the male generative organs, less than ten per cent. of the total reported for the male sex. Of the total cases, the stomach was involved more frequently than any other single organ. Among the males alone this organ was also most frequent, while among the females the breast was most frequently attacked. Excluding the generative organs in both sexes, the remaining figures indicate that the disease attacks other general organs more frequently in the male sex.

Respectfully submitted,

M. R. ELLIOTT, M.D., D.P.H.,

Epidemiologist.

TABLE No. 1      CASES AND DEATHS—COMMUNICABLE DISEASES—MANITOBA, 1936 AND 1937

Disease	1936				1937			
	*†Cases	Deaths	Treaty Indian Deaths	*** Deaths per 100,000	*†Cases	Deaths	Treaty Indian Deaths	***Deaths per 100,000
Amoebic Dysentery	3	1	---	.14	---	---	---	---
Anterior Poliomyelitis	539	35*	---	4.9	261	10	---	1.4
Cerebrospinal Meningitis	9	---	---	---	7	2	---	.3
Chicken Pox	1,533	1	---	.14	1,816	---	---	---
Diphtheria	174	15	---	2.1	105	8	2	1.1
Erysipelas	122	15	1	2.1	91	4	---	.6
Influenza	290	199	24	27.9	18,571	191	58	26.8
Lethargic Encephalitis	5	12††	1	1.7	1	5**	---	.7
Measles	7,822	45	17	6.3	2,839	13	---	1.8
Mumps	1,202	1	---	.14	352	---	---	---
Ophthalmia Neonatorum	---	---	---	---	3	---	---	---
Puerperal Fever	14	17	1	2.4	7	5	---	.7
Scarlet Fever	2,653	12	---	1.7	1,342	9	---	1.3
Septic Sore Throat	24	---	---	---	4	---	---	---
Smallpox	---	---	---	---	---	---	---	---
Trachoma	7	---	---	---	8	---	---	---
Tuberculosis	602	274	154	38.5	582	257	176	36.0
Typhoid Fever	102	14	1	2.0	44	9	1	1.2
Typhoid Para Typhoid	3	1	---	.14	---	---	---	---
Undulant Fever	6	1	---	.14	10	1	---	.10
Whooping Cough	422	10	2	1.4	2,012	33	8	4.8
German Measles	791	4	---	.56	86	---	---	---
Totals	16,323	657	201	---	28,139	547	245	---
Diphtheria Carriers	32	---	---	---	14	---	---	---
Typhoid Carriers	1	---	---	---	1	---	---	---
Cancer	1,056	762	1	107.2	1,171	654	2	92.0

NOTE:—\*†Cases do not include Treaty Indians.

\*1936 Poliomyelitis deaths include 2 old cases.

\*\*1937 Lethargic Encephalitis deaths include 4 old cases.

†† 1936 Lethargic Encephalitis deaths include 7 old cases.



TABLE No. 2

REPORTED CASES OF 12 COMMUNICABLE DISEASES—

MANITOBA, 1933 to 1937.

Disease	1933	1934	1935	1936	1937
Anterior Poliomyelitis	8	10	23	539	261
Chicken Pox	2,062	1,971	2,218	1,533	1,816
Diphtheria	405	473	276	174	103
Erysipelas	62	22	94	122	91
Influenza	527	119	239	290	18,571
Measles	104	10,688	5,178	7,822	2,839
Mumps	741	275	3,034	1,202	352
Scarlet Fever	872	1,169	1,195	2,653	1,342
Smallpox	1	2			
Tuberculosis	428	499	525	602	582
Typhoid Fever	128	89	81	102	44
Whooping Cough	2,229	1,070	1,505	422	2,012

TABLE No. 3.

ANTERIOR POLIOMYELITIS—MANITOBA, 1937.

AGE DISTRIBUTION BY SEX.

Age	Under 1	1	2	3	4	5-9	10-14	15-19	20-24	25-Over	Total
Male	2	4	7	6	16	53	31	14	5	13	151
Female		1	9	5	3	41	23	18	3	7	110
Totals	2	5	16	11	19	94	54	32	8	20	261
Age	0-4 - 53										
Percentage			20.6			35.8	20.6	12.2	3.0	7.8	100.

TABLE No. 4.

DIPHTHERIA—MANITOBA, 1937.

Cases, Deaths, Case Fatality Rate for each Age Group (exclusive of Winnipeg)

Age Group	Cases	Deaths	Case Fatality
0 - 4	10	5	63%
5 - 9	11	1	12%
10 - 14	3		
15 - 19	6		
20 - 24	5		
25 - 29	2		
30 - over	11	2	25%
Unknown	5		

TABLE No. 5.  
DIPHTHERIA TOXOID—COMPLETE IMMUNIZATIONS DISTRIBUTED  
IN MANITOBA—1929-1937.

Year	Winnipeg	Rural	Total
1929 .....	1,993	3,918	5,911
1930 .....	3,235	27,814	31,049
1931 .....	3,466	10,511	13,977
1932 .....	5,080	14,462	19,542
1933 .....	2,839	8,973	11,812
1934 .....	4,246	22,087	26,333
1935 .....	3,927	14,696	18,623
1936 .....	3,100	7,030	10,130
1937 .....	2,779	15,074	17,853
9-Year total			
Immunizations .....	30,665	124,565	155,230

TABLE No. 6.  
DIPHTHERIA IN MANITOBA—1926-1937

Year	Estimated Population	No. of Cases	Cases per 100,000	No. of Deaths	Death Rate 100,000	Case Fatality per 100 Cases
1926 .....	639,056	1,077	169	92	14.8	8.3
1927 .....	647,000	933	144	88	13.6	9.4
1928 .....	656,447	972	148	56	8.2	5.8
1929 .....	667,037	749	112	59	8.8	7.9
1930 .....	677,250	589	87	38	5.9	6.2
1931 .....	700,139	526	75	45	6.4	8.6
1932 .....	702,322	401	57	26	3.7	6.5
1933 .....	704,505	405	56	19	2.7	4.7
1934 .....	706,688	475	67	27	3.7	5.7
1935 .....	708,871	276	39	16	2.3	5.4
1936 .....	711,056	174	24	15	2.1	8.6
1937 .....	713,259	103	14	8	1.1	7.7

TABLE No. 7.  
MANITOBA—MEASLES DEATHS—AGE GROUPS FIRST ELEVEN  
MONTHS, 1937.

Age Group	Deaths	Age Group	Deaths
0 - 1 .....	10	10 - 14 .....	---
1 .....	1	15 - 19 .....	---
2 .....	1	20 - 24 .....	1
3 .....	---	25 and over .....	---
4 .....	---		
5 - 9 .....	---	Total .....	13



TABLE No. 8.  
TUBERCULOSIS DEATHS—MANITOBA, 1926-1937  
TREATY INDIANS AND OTHERS

Year	Exclusive Treaty Indians		Treaty Indians		Total Population, Including Treaty Indians	
	Number Deaths	Deaths per 100,000	Number Deaths	Deaths per 100,000	Number Deaths	Deaths per 100,000
1926 -----	348	55.7	39	291	387	60.5
1927 -----	318	48.6	51	390	369	57.0
1928 -----	327	50.3	72	556	399	60.8
1929 -----	351	53.0	73	569	424	63.4
1930 -----	370	54.1	86	679	456	66.4
1931 -----	322	47.0	107	881	429	61.3
1932 -----	300	42.8	110	905	410	58.3
1933 -----	239	33.9	175	1,093	414	58.7
1934 -----	282	39.9	113	753	395	55.9
1935 -----	298	42.0	142	946	440	62.8
1936 -----	274	38.5	154	1,026	428	60.1
1937 -----	257	36.0	176	1,426	433	59.8

Population used for 1937—713,259.

Indian Population—12,337.

TABLE No. 9.  
TYPHOID FEVER—MANITOBA, 1928-1937.  
WINNIPEG—OTHER SEWER AND WATER AREAS—NO SEWER AND WATER

Year	Winnipeg	Other Sewer and Water Areas	No Sewer and Water	Total Cases
1928 -----	18	27	35	80
1929 -----	28	21	60	109
1930 -----	6	16	70	92
1931 -----	25	44	80	149
1932 -----	11	22	96	129
1933 -----	12	35	79	126
1934 -----	6	15	68	89
1935 -----	6	16	59	81
1936 -----	1	8	93	102
1937 -----	3	12	29	44

TABLE No. 10.  
TYPHOID FEVER—MANITOBA, 1930-1937.  
CASES, DEATHS, CASE FATALITY RATE, DEATHS PER 100,000

Year	Cases	Deaths	Case Fatality Rate	Deaths per 100,000
1930	87	12	13.7	1.7
1931	149	14	9.4	1.9
1932	129	14	10.9	1.9
1933	126	16	12.6	2.2
1934	89	13	14.6	1.8
1935	81	12	14.8	1.7
1936	102	14	13.6	1.9
1937	44	9	20.4	1.2

TABLE No. 11.  
WHOOPING COUGH—MANITOBA, 1930-1937.

Year	Cases	Deaths
1930	1209	44
1931	507	7
1932	1,083	8
1933	2,229	22
1934	1,070	20
1935	1,505	25
1936	422	10
1937	2,012	33

TABLE No. 12.  
WHOOPING COUGH—MANITOBA, 1933-34-35-36-37.  
DEATHS BY AGE GROUPS

Age	1933		1934		1935		1936		1937	
	Deaths	%	Deaths	%	Deaths	%	Deaths	%	Deaths	%
0 - 1	15	68.1	12	60.0	19	76	6	60	24	73
1	5	22.9	3	15.0	5	20	3	30	8	24
2			2	10.0	1	4	1	10	1	3
3			1	5.0						
4			1	5.0						
5	1	4.5								
6										
7	1	4.5								
86			1	5.0						
Totals	22	100	20	100	25	100	10	100	33	100



TABLE No. 13.

CANCER CASES REPORTED IN MANITOBA, 1937.

Type	Sex	Under 40	40-49	50-59	60-69	70 and Over	Age Unspec.	Totals Male	Totals Female	Grand Totals
Skin:										
Rodent Ulcer	M	1	3	2	3	6	---	15	---	---
	F	---	---	2	4	3	1	---	10	25
Epithelioma	M	2	1	---	2	1	2	8	---	---
	F	---	---	---	1	---	2	---	4	12
Unspecified	M	---	---	5	2	7	1	15	---	---
	F	---	1	1	1	1	1	---	5	20
Lip	M	2	3	8	4	7	3	27	---	---
	F	1	---	---	---	---	1	---	2	29
Tongue	M	---	---	1	2	3	2	8	---	---
	F	---	1	---	1	---	2	---	4	12
Mouth	M	1	---	2	3	2	2	10	---	---
	F	1	1	---	---	1	---	---	3	13
Throat	M	---	---	1	1	---	---	2	---	---
	F	1	---	---	1	---	---	---	2	4
Larynx	M	---	---	1	1	2	---	4	---	---
	F	---	---	---	---	---	---	---	0	4
Pharynx	M	---	---	---	2	---	1	3	---	---
	F	---	---	---	---	---	---	---	0	3
Neck	M	3	---	---	---	---	---	3	---	---
	F	---	---	---	---	1	---	---	1	4
Thyroid	M	---	1	---	1	2	---	4	---	---
	F	---	2	3	2	2	---	---	9	13
Eye	M	1	---	---	---	1	---	2	---	---
	F	1	---	---	1	---	---	---	2	4
Nose	M	---	---	1	---	---	---	1	---	---
	F	---	---	---	---	1	---	---	1	2
Lung	M	---	5	13	3	10	---	31	---	---
	F	---	3	10	4	1	---	---	18	49
Mediastinum	M	---	---	1	---	---	---	1	---	---
	F	---	---	---	---	---	---	---	0	1
Osophagus	M	---	---	1	1	3	---	5	---	---
	F	---	---	2	1	---	---	---	3	8
Brain and Cord	M	5	4	4	2	1	---	16	---	---
	F	1	2	1	---	1	---	---	5	21
Pituitary	M	---	---	---	---	---	---	0	---	---
	F	1	---	---	---	---	---	---	1	1
Parotid and Sub- maxiliary Glands	M	---	---	---	---	---	---	0	---	---
	F	---	---	1	1	---	---	---	2	2
Stomach	M	5	6	33	42	52	3	141	---	---
	F	4	10	22	21	25	---	---	82	223
Retroperitoneal	M	---	---	---	---	---	---	0	---	---
	F	1	---	---	1	---	---	---	2	2

Type	Sex	Under 40	40-49	50-59	60-69	70 and Over	Age Unspec.	Totals		Grand Totals
Small Bowel	M	1	---	1	4	2	---	8	---	---
	F	---	1	1	1	2	---	---	5	13
Large Bowel	M	2	6	15	14	21	2	60	---	---
	F	4	6	14	7	15	1	---	47	107
Rectum	M	1	3	8	8	8	1	29	---	---
	F	---	1	2	5	4	---	---	12	41
Liver	M	1	1	3	5	7	---	17	---	---
	F	1	3	5	6	3	---	---	18	35
Gall Bladder	M	---	---	---	1	1	---	2	---	---
	F	---	---	1	3	2	---	---	6	8
Pancreas	M	---	---	1	5	7	---	13	---	---
	F	2	2	2	1	---	---	---	7	20
Kidney	M	2	---	1	4	1	---	8	---	---
	F	1	1	3	---	1	---	---	6	14
Adrenal	M	---	---	---	---	---	---	0	---	---
	F	---	---	---	---	1	---	---	1	1
Bladder	M	1	3	8	10	10	3	35	---	---
	F	---	1	3	3	3	1	---	11	46
Prostate	M	---	---	1	16	25	4	46	---	46
Testicle	M	3	1	---	---	1	---	5	---	5
Seminal Vesicle	M	---	---	1	---	---	---	1	---	1
Penis	M	1	1	---	---	---	---	2	---	2
Ovary	F	3	10	10	4	3	3	---	33	33
Vagina and Urethra	F	1	---	1	---	1	---	---	3	3
Vulva	F	---	1	1	2	---	1	---	5	5
Cervix	F	9	12	17	11	3	23	---	75	75
Uterus	F	1	12	12	14	5	3	---	47	47
Breast	M	1	---	---	---	1	---	2	---	---
	F	14	27	38	27	21	5	---	132	134
Bone	M	---	1	4	2	2	---	9	---	---
	F	3	3	1	1	1	1	---	10	19
Unspecified	M	6	2	8	7	6	2	31	---	---
	F	8	4	5	10	5	1	---	33	64
Totals		97	145	282	279	295	73	564	607	1,171



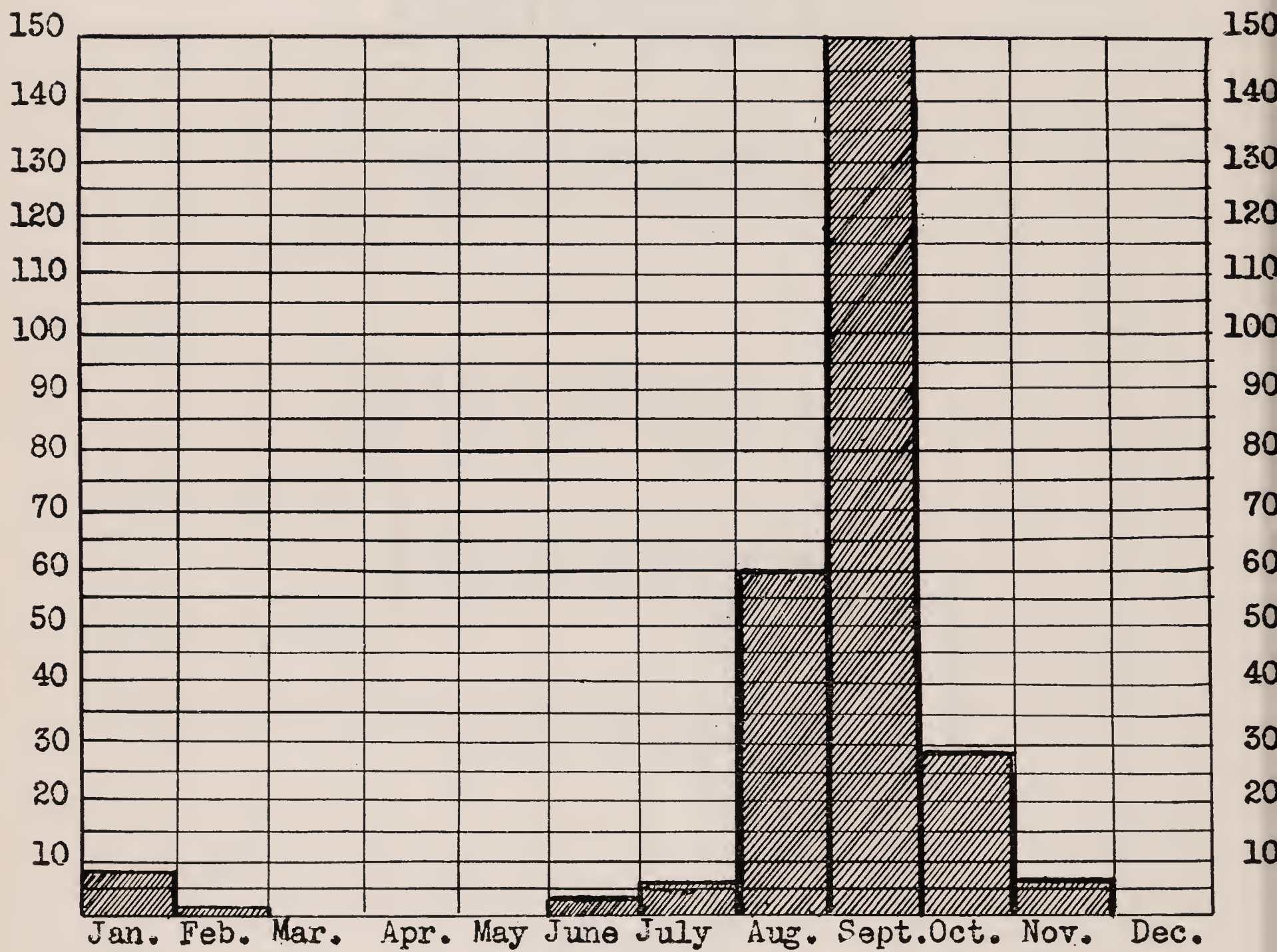
TABLE No. 14.  
BIOLOGICS DISTRIBUTED, 1936 AND 1937.

Material	1936			1937		
	Winnipeg	Outside	Total	Winnipeg	Outside	Total
Diphtheria Toxoid—Complete Treatments -----	3,100	7,030	10,130	2,779	15,074	17,853
Diphtheria Antitoxin—Units -----	7,387,000	5,189,000	12,576,000	3,734,000	4,174,000	7,908,000
Schick Tests—Tests -----	6,350	1,625	7,975	7,075	2,525	9,600
Smallpox Vaccine—Points -----	7,387	5,332	12,719	3,015	15,591	18,606
Scarlet Fever Antitoxin (Proph.) -----	202	525	727	60	315	375
Scarlet Fever Antitoxin (Treatments) -----	880	120	1,000	414	243	657
Scarlet Fever Toxin—Complete Treatments -----	416	4,936	5,352	743	5,738	6,481
Dick Tests—Tests -----	1,620	3,490	5,110	2,130	2,180	4,310
Typhoid Vaccine—Complete Treatments -----	361	5,055	5,416	275	4,715	4,990
Tetanus Antitoxin—Units -----	723,000	163,000	886,000	579,000	566,000	1,145,000
Anti-Meningococcus (20 cc) -----	52	53	105	65	58	123
Silver Nitrate (Treatments) -----	670	1,454	2,124	816	1,255	2,071
Insulin (Units) Indigents only -----	-----	-----	3,564,900	-----	-----	5,544,100

CHART No. 1.

## ANTERIOR POLIOMYELITIS—MANITOBA 1937.

## MONTHLY INCIDENCE





# Division of Venereal Disease Control

Report of the Clinics for Venereal Disease in the Detention Institutions for the  
Fiscal Year Ending April 30th, 1937.

Winnipeg, Manitoba,  
May 30th, 1937.

Dr. C. R. Donovan, D.P.H.,  
Director, Division of Disease Prevention,  
Department of Health and Public Welfare,  
Winnipeg, Manitoba.

Sir:

I have the honour to submit herewith the Report for the fiscal year ending April 30th, 1937, of the work carried on in connection with the Venereal Disease Clinics in the following Institutions:

The Detention Home for Girls - - - - -	West Kildonan
The Home of the Good Shepherd - - - - -	West Kildonan
The Manitoba School for Girls - - - - -	West Kildonan
The Provincial Gaol - - - - -	Headingly

Patients who were under treatment in the Detention Homes for Girls prior to April 30th, 1936, and who were carried forward for continuation of treatment, numbered 36. Of these, 3 were suffering from Syphilis and 33 from Gonorrhoea.

During the year there were 33 new patients admitted, of which 3 were suffering from Syphilis and 30 from Gonorrhoea.

In addition to the above, there were 15 non-venereal patients treated.

Total number of patients treated, including those carried forward and those admitted during the year, numbered 69, of which 6 were suffering from Syphilis and 63 from Gonorrhoea.

In the new cases reported from the Detention Homes for Girls, there is a decrease of 1 patient suffering from Syphilis, and a decrease of 7 patients suffering from Gonorrhoea.

Treatments:

A total of 5,737 treatments were administered during the year, classified as follows:

Syphilis .....	224	
Gonorrhoea .....	5,139	
Non-venereal .....	70	
Prophylactic .....	304	
		5,737

Laboratory Examinations:

Wassermann tests on blood and spinal fluid for Syphilis .....	141
Positive .....	6
Negative .....	135
	141

Examination of smears for the Gonococci	-----	399
Positive	----- 55	
Negative	----- 344	
	-----	399

## PROVINCIAL GAOL, HEADINGLY

Patients who were under treatment prior to April 30th, 1936, and who were carried forward for continuation of treatment, numbered 17, of which 9 were suffering from Syphilis and 8 from Gonorrhoea.

During the year there were 68 new cases admitted, of which 38 were suffering from Syphilis and 30 from Gonorrhoea.

In the new cases reported from the Provincial Gaol during the year, there is an increase of 9 patients suffering from Syphilis, and a decrease of 3 patients suffering from Gonorrhoea.

### Treatments:

A total of 9,014 treatments were administered during the year, classified as follows:

Syphilis	1,667	
Gonorrhoea	6,763	
Non-venereal	584	
		9,014

### Laboratory Examinations:

Wassermann tests on blood and spinal fluid for Syphilis	-----	1,373
Positive	-----	35
Negative	-----	1,338
	-----	1,373
Examination of smears for the Gonococci	-----	46
Positive	-----	30
Negative	-----	16
	-----	46

I feel it incumbent upon me to emphasize the fact that at all the above mentioned Institutions I found the most willing co-operation in the care and treatment of these patients, which assists materially the splendid efforts of the Department in endeavouring to minimize the spread of these dreaded diseases.

Respectfully submitted,

RUSSELL GORRELL, M.D.,

Physician in Charge.

Dr. C. R. Donovan, D.P.H.,  
Director, Division of Disease Prevention,  
Department of Health and Public Welfare,  
Winnipeg, Manitoba.

Sir:

I beg to submit herewith statistical data relative to the Division of Venereal Diseases for the calendar year 1937:



GONORRHOEA:

Number of cases reported .....		989
Sex:.....	Male .....	776
	Female .....	213
Total .....		989
Marital State:		
Married .....	Male.....	167
Single .....	" .....	575
Widowed .....	" .....	10
Divorced or		
Separated .....	" .....	20
		772
Married .....	Female.....	65
Single .....	" .....	114
Widowed .....	" .....	3
Divorced or		
Separated .....	" .....	6
		188
Children 0-12 years .....	Male.....	4
	Female .....	25
		29
Total .....		989

Ages:

Male		Female	
12 years and under .....	4	12 years and under .....	25
From 12 to 20 years .....	73	From 12 to 20 years .....	75
" 20 to 30 years .....	396	" 20 to 30 years .....	85
" 30 to 40 years .....	204	" 30 to 40 years .....	23
" 40 to 50 years .....	72	" 40 to 50 years .....	5
" 50 to 60 years .....	19		
" 60 to 70 years .....	7		
" 70 to 80 years .....	1		
776			213

SYPHILIS:

Number of cases reported .....		463
Sex:.....	Male .....	311
	Female .....	152
Total .....		463
Marital State:		
Married .....	Male.....	115
Single .....	" .....	157
Widowed .....	" .....	14
Divorced or		
Separated .....	" .....	16
		302

Married	Female	77	
Single	"	45	
Widowed	"	11	
Divorced or Separated	"	6	
			139
Children 0-12 years	Male	9	
	Female	13	
			22
	Total		463

Ages:

Male		Female	
12 years and under	9	12 years and under	13
From 12 to 20 years	7	From 12 to 20 years	24
" 20 to 30 years	77	" 20 to 30 years	54
" 30 to 40 years	91	" 30 to 40 years	24
" 40 to 50 years	72	" 40 to 50 years	28
" 50 to 60 years	37	" 50 to 60 years	7
" 60 to 70 years	18	" 60 to 70 years	2
	311		152

Patients who changed physicians numbered 133

The reason so many patients changed their physicians is that a number were sent from the St. Boniface Hospital Clinic to a special Relief Camp where treatment was continued under the supervision of the physician in charge of the camp.

Patients who discontinued treatment and had to be followed up numbered 24  
Patients 17 years of age and under who were reported as suffering from venereal disease numbered 81

Of this number, 52 (12 males and 40 females) were reported as suffering from Gonorrhoea, and 29 (11 males and 18 females) from Syphilis. The above number of 81 is a decrease of 5 less than those reported last year.

MATERIAL SUPPLIED BY THE DEPARTMENT OF HEALTH AND PUBLIC WELFARE

Number of Keidel Tubes	4,002
Neosalvarsan 0.3	17 doses
Neosalvarsan 0.6	68 doses
Neosalvarson 0.45	10 doses
Mapharsen .04	2,456 doses
Mapharsen .06	887 doses
Metallic Bismuth	1,665 doses
Thio Bismol	287 doses
Stovarsol .05	700 doses
Stovarsol .25	3,248 doses
Mercurettes	54 doses

The above material is supplied for the treatment of indigent syphilitic patients only.



GENERAL SUMMARY OF CASES OF VENEREAL DISEASES REPORTED  
DURING THE YEARS 1928 to 1937, INCLUSIVE

GONORRHOEA:

Adults:

	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Male .....	1,282	1,044	1,184	1,015	760	883	916	861	878	772
Female .....	311	304	438	313	257	242	208	204	198	188

Children

0-12 Years:

Male .....	3	2	3	2	5	3	1	0	2	4
Female .....	18	20	25	88	29	24	22	10	18	25

Total .....	1,614	1,370	1,650	1,418	1,051	1,152	1,147	1,075	1,096	989
-------------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-----

SYPHILIS:

Adults: :

	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Male .....	523	387	357	393	367	228	281	198	269	302
Female .....	229	190	190	199	202	136	179	152	129	139

Children

0-12 Years:

Male .....	5	6	4	16	14	15	7	10	4	9
Female .....	8	11	4	15	12	15	8	11	4	13

Total .....	765	594	555	623	595	394	475	371	406	463
-------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

VENEREAL DISEASE CLINICS, 1937

Reports from the following Clinics:

Detention Home	-	-	-	-	-	-	West Kildonan
Home of the Good Shepherd	-	-	-	-	-	-	West Kildonan
Manitoba Home for Girls	-	-	-	-	-	-	West Kildonan
Portage la Prairie Gaol	-	-	-	-	-	-	Portage la Prairie
Provincial Gaol	-	-	-	-	-	-	Headingley
Manitoba Penitentiary	-	-	-	-	-	-	Stony Mountain
St. Boniface Hospital	-	-	-	-	-	-	St. Boniface

GONORRHOEA:

Number of cases treated .....	610
Sex:..... Male .....	451
Female .....	159
Total .....	610
Marital State:	
Married .....	Male..... 75
Single .....	” ..... 348
Widowed .....	” ..... 6
Divorced or Separated .....	” ..... 19
	448

	Married	Female	39	
	Single	"	88	
	Widowed	"	1	
	Divorced or			
	Separated	"	8	
				136
Children 0-12 year	Male		3	
	Female		23	
				26
				610
Classified as follows:				
	Acute		596	
	Chronic		14	
				610
Non-venereal cases treated numbered				465
<b>SYPHILIS:</b>	Number of cases treated			306
	Sex: Male		209	
		Female	97	
	Total		306	
	<b>Marital State:</b>			
	Married	Male	64	
	Single	"	109	
	Widowed	"	12	
	Divorced or			
	Separated	"	19	
				204
	Married	Female	52	
	Single	"	29	
	Widowed	"	6	
	Divorced or			
	Separated	"	5	
				92
Children 0-12 year	Male		5	
	Female		5	
				10
				306
Classified as follows:				
	Primary		84	
	Secondary		104	
	Tertiary		5	
	Congenital		12	
	Latent		101	
				306
<b>Treatments Administered:</b>				
	For Gonorrhoea		29,712	
	For Syphilis		12,599	
	Non-venereal		1,134	
	Prophylactic		56	
	Total			43,501



Doses injected were as follows:

Arsenical	6,410
Bismuthic	8,223
Mercurial	
Malarial	25
<hr/>	
Total	14,658

**Laboratory Examinations:**

Wassermann examinations on blood for Syphilis	4,875
Positive	359
Negative	4,516
Wassermann examinations on spinal fluid	240
Positive	35
Negative	205
Examinations of smears for gonococci	4,804
Positive	843
Negative	3,961
Microscopic examinations for spirochaetae	84
Positive	43
Negative	41

**ST. BONIFACE HOSPITAL CLINIC**

Cases of Gonorrhoea reported from the Clinic operating at the St. Boniface Hospital numbered 546, of which 520 were adults (407 males and 113 females) and 26 were children (3 males and 23 females). All were classified as Acute cases.

Treatments for Gonorrhoea administered at the St. Boniface Hospital Clinic numbered 18,823.

Cases of Syphilis reported from the St. Boniface Hospital Clinic numbered 247, of which 237 were adults (168 males and 69 females) and 10 were children (5 males and 5 females). These were classified as follows:

Primary	63
Secondary	71
Tertiary	
Congenital	12
Latent	101
<hr/>	
	247

Treatments for Syphilis administered at the St. Boniface Hospital Clinic numbered 10,413.

Doses injected were as follows:

Arsenical	6,090
Bismuthic	7,821
Malarial	25
<hr/>	
Total	13,936

Respectfully submitted,

M. R. ELLIOTT, M.D., D.P.H.,

Epidemiologist.

# Division of Public Health Nursing Service

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Dr. C. R. Donovan, D.P.H.,  
Director, Division of Disease Prevention,  
Department of Health and Public Welfare,  
Winnipeg.

Sir:

I have the honour to submit herewith the Annual Report of the Public Health Nursing Division for the year ending December 31st, 1937.

## RELIEF

From reports sent in by Nurses, it was evident that it would again be necessary for us to procure clothing that would enable needy children in the rural areas to attend school during the winter months, in addition to our usual work of sending Christmas parcels to children.

We gratefully acknowledge the receipt of 336 parcels of clothing, and 450 toys, dolls, books, 155 bags of candy and some groceries from gifts donated at the Manitoba Civil Servants' Association Christmas party together with \$51.90 that was used to purchase woollen sweaters, and clothing to the value of \$210.00 donated by the staff of the Single Men's Relief Commission.

The Tribune Stocking Fund again increased their contribution and we extend to them our sincere thanks for the donation of toys, bags of nuts and packages of candy that were sent to 4,525 children, also for 100 pairs of boots and some clothing.

Details of relief work of the Public Health Nursing Division are as follows:

Number of children supplied with clothing .....	203
Number of adults supplied with clothing .....	31
Number of children provided with toys .....	6,350

### Work of the Nurses in rural Districts:

Number of relief cases investigated for local agencies .....	245
Number of families supplied with hampers .....	526
Number of individuals supplied with clothing .....	163
Number of toys distributed .....	1,737

## HEALTH SUPERVISION IN THE SCHOOLS

July 1, 1936, to June 30, 1937.

Total number of children examined .....	11,917
Total number of children with defects .....	5,985
Total number of children not vaccinated .....	1,698

### Classification of defects:

Defective vision .....	1,180
Defective hearing .....	182
Unsound teeth .....	4,764
Suspected diseased or enlarged tonsils .....	3,207



Nasal obstruction .....	644
Symptoms of enlarged thyroid .....	1,032
Symptoms of eye disease .....	119
Symptoms of ear disease .....	97
Symptoms of malnutrition .....	625
Symptoms of nervous disorders .....	159
Symptoms of orthopedic defects .....	82
Symptoms of anaemia .....	145
Symptoms of defective thyroid .....	516
Suspected skin disease .....	249
Other conditions .....	458
Number of classroom inspections .....	1,405
Number of children re-inspected for suspect communicable diseases and other conditions .....	1,785
Number of first aid treatments given .....	1,791
Number of children weighed .....	1,002
Number of children found 7% or more underweight .....	241
Number of children re-weighed .....	297
Number of children found to have gained in weight .....	184
Number of children had eyes tested .....	643
Number of children excluded from school:	
For suspected communicable diseases .....	134
For suspected pediculosis .....	207
For suspected contagious skin condition .....	221
For suspected contagious eye condition .....	66
For other causes .....	52
Total .....	680
Number of school children referred for treatment .....	9,832
Total number of defects of children, known to have been corrected .....	1,782

Toxoid immunization clinics were held in the Municipalities of: St. Andrews, Woodridge, Lansdowne, Morton, Westbourne, Bifrost, Piney, Rockwood, Sprague, Stanley, Gimli, Franklin, Rosedale, DeSalaberry, Birch River, Disorganized, Assiniboia, Woodlea, Lorne, Ritchot, Minto, Macdonald, Kelwood, Argyle, Victoria, Langford, also in Selkirk Town, Brooklands Village, Flin Flon, Sherridon, The Pas, Herb Lake, Tuxedo, Charleswood, Headingly, Victoria Beach, Neepawa Town, Souris Town.

#### Classification of service rendered:

Assisted physicians with immunization of pupils to protect them against Diphtheria .....	10,911
Assisted physicians with vaccination of pupils .....	2,300
Assisted physicians with "Dick Test" for susceptibility to Scarlet Fever .....	4,293
Throats swabbed to detect and prevent the spread of Diphtheria .....	259

#### HEALTH TRAINING IN THE SCHOOLS

Number of classroom talks given .....	1,047
Number of Home Nursing Classes held .....	35
Attendance at Home Nursing Classes .....	1,078
Number of First Aid Classes .....	23
Attendance at First Aid Classes .....	598

### NORMAL SCHOOLS

Number of lectures given in Brandon and Winnipeg .....	40
Attendance at lectures .....	2,285
Number of lectures given in training schools at Neepawa, Brandon, Dauphin, The Pas .....	39
Attendance at lectures .....	392

### WORK CARRIED ON IN THE COMMUNITY

January 1 to December 31, 1937.

Total number of home visits made for the purpose of giving health instruction and demonstration .....	28,831
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Classification of service rendered in home visiting:

Total number of cases in prenatal and postnatal care .....	877
Total number of cases in infant welfare .....	2,244
Total number of birth registration cases .....	212
Total number of cases in the care of children of pre-school age .....	3,325
Total number of cases in the care of school children .....	9,142
Total number of cases in the care and prevention of communi- cable diseases .....	1,943
Social service visits .....	1,580
Mothers' Allowance visits .....	124
Visits to adults .....	6,293
Visits of co-operation .....	6,830
Number of cases dealt with socially .....	1,201
Number of social cases investigated for Government Departments .....	421
Number of patients referred to social agencies .....	72
Total number of patients, other than school children referred for treatment .....	694
Total number of patients accompanied to and from clinics and hospitals .....	185
Total number of defects known to have been corrected, of those in the community, other than school children .....	55
Number of meetings attended by nurses in connection with Public Health work .....	123
Number of interviews in connection with Public Health work by Nurses in their respective districts .....	8,544
Number of Home Nursing and First Aid lectures given .....	20
Attendance at Home Nursing and First Aid lectures .....	1,146
Number of lectures on other health topics .....	9

### CHILD WELFARE STATIONS

Number of Health Conferences held .....	215
Attendance of infants and pre-school children at conferences .....	2,457
Attendance of mothers and children for consultations at Child Welfare Stations .....	3,881
Number of First Aid treatments given at Child Welfare Stations .....	894



**PUBLIC SERVICE NURSING****Fisher Branch:**

Number of patients seen at Nursing Station .....	604
Total time spent in Public Service Nursing (hours) .....	399
Number of home visits made to patients .....	205
Total time spent in Public Service Nursing (hours) .....	363½

**Grahamdale:**

Number of patients seen at Nursing Station .....	1,514
Total time spent in Public Service Nursing (hours) .....	487¾
Number of home visits made to patients .....	677
Total time spent in Public Service Nursing (hours) .....	482½
Number of Health Clinics held at Nursing Station .....	51
Attendance at Health Clinics .....	1,374

**Steep Rock Clinic:**

Number of Health Clinics held .....	24
Attendance at Health Clinics .....	317

**Melita:**

Total number of visits made to patients .....	442
Total time spent in Public Service Nursing (hours) .....	493¾

**Brandon:**

Total number of visits made to patients .....	720
Total time spent in Public Service Nursing (hours) .....	730½
Nursing care was given for the purpose of demonstration and emergency by the general Nursing Staff, in addition to other duties, as follows:	
Total number of visits made to patients .....	828
Total time spent in Public Service Nursing (hours) .....	650½

**SPECIAL CLINICS****MENTAL HYGIENE CLINICS**

Number of Mental Hygiene Clinics .....	2
Attendance at Mental Hygiene Clinics .....	32

**TONSIL CLINICS**

Number of tonsil clinics held .....	5
Attendance at tonsil clinics .....	101

**SUMMER CHILD HEALTH CONFERENCES**

Number of Child Health Conferences .....	2
Total number of children examined .....	179
Of this number, those with defects .....	93

## Classification of defects found:

Orthopedic defects .....	5
Nutritional defects .....	14

Hernia .....	8
Nasal obstruction .....	10
Unhealthy tonsils .....	16
Enlarged glands .....	4
Unsound teeth .....	7
Other defects .....	63
Requiring immediate medical or surgical treatment .....	45

DENTAL CLINICS

This very worthwhile work continues to grow and there is tangible evidence that the preventive teaching given has been effective. This year's report shows an increase of 100 operating days and there were far more teeth filled and less extracted than last year.

Total number of dental clinics held .....	65
Attendance at dental clinics .....	4,279

REPORT OF SOCIAL WORK DONE IN CONNECTION WITH VENEREAL DISEASE CLINICS HELD IN ST. BONIFACE HOSPITAL, MANITOBA HOME FOR GIRLS AND HOME OF THE GOOD SHEPHERD

Number of clinics attended by nurses .....	692
Number of treatments given at clinics .....	26,237
Number of home visits made .....	108
Number of visits of co-operation .....	12
Number of interviews .....	1,473
Number of cases referred from social agencies .....	379
Number of cases referred to social agencies .....	209
Number of cases dealt with socially .....	73
Number of hospital ward interviews .....	1,621

The members of the Nursing Staff working at the clinics report good co-operation by the majority of patients attending.

The weekly clinic for children suffering from congenital lues that was opened during the year is showing most satisfactory results.

The Nurses have been greatly helped in their work by the various City Welfare organizations and the Police Department.

REPORT OF WORK DONE IN CONNECTION WITH TUBERCULOSIS NURSING  
January 1 to December 31, 1937.

Special chest clinics were held during the summer months at: Beausejour, Selkirk, Morden, Gretna, Kronstal School, Portage la Prairie, Long Plains Indian Reserve, Ste. Anne, Dominion City, Roblin, Russell, Shoal Lake, Neepawa, Dauphin, Ste. Rose, Fisher Branch, Hodgson Indian Reserve, Elkhorn Indian School, Birtle Indian School, Brandon Indian School, Portage Indian School, Sandy Bay Indian School, Pine Creek Indian School, Swan River, The Pas, The Pas Indian Reserve, Brandon, Pine Falls, Virden.

In May, monthly chest clinics were organized in Brandon and in August, in



Dauphin, to provide a more efficient diagnostic service for the large areas served by these centres.

	Brandon	Dauphin
Number of clinics held .....	8	5
Attendance at clinics .....	304	149
Total number of families carried for supervision .....	3,284	
Chest clinics provided with nursing service .....	52	
Number patients examined at these clinics .....	6,318	
Total number of visits made by Public Health Nurses to tubercu- lous families .....	4,061	
Reports on patients sent to nurses .....	1,876	
Number recommended for sanatorium care .....	97	

### WORK OF THE CENTRAL TUBERCULOSIS REGISTRY

For some considerable time there has been a feeling amongst those engaged in the Tuberculosis program, that information about Tuberculosis was too scattered to be of any practical value to anyone. In order to meet this need and in some measure at least, centralize available information, the Central Tuberculosis Registry was started in April of this year under the Department of Health and Public Welfare. The Nurse in charge of the Registry reports on the work of this Section as follows:

"Cards, which are later forwarded to the Vital Statistics Branch at Ottawa, are received here for all admissions and discharges from Institutions caring for Tuberculosis patients. We also receive for the Registry files notification of diagnosis made at the various institutions and clinics, even when patients are not admitted for treatment.

"Each month a list of new cases reported, is sent to the Provincial Epidemiologist. Municipal Health Officers are notified of new cases reported from their districts and of patients discharged to their districts, with a report of the patients' condition on discharge. The Child Welfare Division is being advised of the admission or discharge of any member of any family under their care and they also receive copies of reports of clinic examinations for their files and reports of patients on treatment are sent as requested from information in the Registry file.

"As before, we are continuing to send to the Nursing Division Office, for the information of nurses working in the districts, reports received on patients. In addition to the reports which we have for years received from Ninette and the Central Tuberculosis Clinic, we now receive regularly each month, reports of routine examinations on patients from St. Boniface Sanatorium and St. Boniface Hospital Out-patient Department. I doubt if any other group of Public Health Nurses is kept so well informed of the condition of Tuberculosis patients. We are greatly indebted to the institutions which make this information available.

"The work of preparing lists of patients and contacts who should be examined at Travellings Clinics continues to be done in this office."

### SUPERVISION OF BOARDING HOMES FOR CHILDREN, DAY NURSERIES, MATERNITY HOMES, HOMES AND PRIVATE INSTITUTIONS FOR THE AGED AND INFIRM

#### Boarding Homes for Children:

Number of applications for boarding home permits .....	551
Number of permits granted .....	383
Number of applications rejected .....	227

Visits of investigation .....	1,082
Routine boarding home visits .....	2,553
Number of private placements dealt with during the year.....	201
Visits of co-operation .....	387
Office interviews in connection with boarding homes .....	539
Special cases referred to clinic .....	10
Services rendered to other agencies .....	11

#### Public Institutions:

Number of visits to Orphanages .....	30
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The Nurse visiting the St. Norbert Orphanage was able, through the generosity of friends, to supply gifts of clothing and Christmas Cheer to the unmarried mothers in the Institution and procure a radio and interesting magazines for their Recreation Room.

Number of visits to Day Nurseries .....	7
Number of visits to Shelters .....	6
Number of visits to Hostels .....	3
Number of visits to Maternity Homes .....	38
Number of visits to Old Folks' Homes .....	17

#### Private Institutions and Boarding Homes for Aged and Infirm:

The value of the proper selection and health supervision of homes for the aged and infirm has been amply demonstrated throughout the year. A good deal of time was spent in visiting homes that were operating before the regulations providing for health supervision were passed. A number of these homes were not satisfactory and were consequently closed.

Number of visits to Institutions .....	181
Number of visits to Boarding Homes .....	364
Number of interviews in connection with patients .....	446
Visits of co-operation for other Government agencies .....	12
Visits of co-operation .....	177

### CHAUTAUQUA

Members of the Nursing Staff again gave lectures and demonstrations on First Aid, Home Nursing and Child Care at the Chautauquas conducted by the United Farmers of Manitoba at: Pilot Mound, Arborg, Minitonas, Hazelridge, Deerwood, Elkhorn, Silverton, Minto, Tummell, Glenboro, Austin, Dunkinville.

### TRACHOMA

In November, a Trachoma survey was made in Hanover Municipality by Doctor E. Alexander, assisted by a member of the Nursing Staff. All homes and schools were visited and instruction was given by the Nurse on the disease as to its prevention and treatment as prescribed by the physician. The Nurse was cordially received by the people; and the Municipal and School Officials were eager to co-operate.

Number of families visited .....	121
Number examined .....	694
Number with no Trachoma symptoms .....	315
Number with Trachoma symptoms .....	54%



### COMMUNICABLE DISEASES

The arrangement made with the Communicable Disease Division that lists of cases reported by physicians be supplied to the Nursing Division daily, has proved of great help. In many instances the cases were not previously known to the Nurse and prompt follow up visits were made to prevent, as far as possible, further spread of the disease.

Total cases suspect communicable diseases reported ..... 1,368

### POLIOMYELITIS

In August, a member of the Nursing Staff spent some time in Bowsman and Poplarfield, where a few cases of the disease had occurred. All homes were visited and the necessary health instruction given.

Special preventive clinics were organized in Transcona Town during the summer months. Members of the Nursing Staff assisted the physicians.

### SPECIAL WORK

A weekly clinic was started at Woodridge in October with a physician in attendance, assisted by the Public Health Nurse. Minor surgery and dental extractions are done. Pre-natal cases and those receiving relief allowance are treated free of charge.

The clinic is meeting a definite need as the people are not able to pay for medical service and have in the past, been brought into the City hospitals.

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Under the sponsorship of the Winnipeg Kiwanis Club and the Winnipeg League for the Hard of Hearing, the Audiometer Test has been conducted in suburban schools with Public Health Nurses assisting.

Through the test, a fairly accurate estimate has been made of the number of school children with defective hearing and the degree of deafness.

It would be of great help to the Nursing Staff, if this test could be made in all rural schools of the Province.

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Two members of the Nursing Staff attended the summer post-graduate course on Public Health Nursing conducted at the University of Kentucky. Another spent six weeks in the study of Public Health Nursing supervision and the work of Nurses in the Social Service field in Washington and New York State and City.

### HEALTH EDUCATION

Lectures to the public and senior nurses in training..... 23

### ADMINISTRATION OF NURSING SERVICE

Number of Nurses on the staff, December 31, 1937 ..... 28

Number of Nurses resigned during 1937 ..... 3

Number of Nurses on leave, without pay ..... 1

## SUPERVISION

Total number of visits of Inspection and Instruction made by  
the supervisors to staff nurses ..... 37

We continue to assist other Departments of the Government service in visiting and reporting on special cases throughout the Province under their jurisdiction, and we have in turn, received the most cordial co-operation from the staff of these divisions.

Because of limited staff, it has not been possible to expand the work of the Nursing Division during the year. Public Health Nursing is a community service which includes health supervision of families and individuals, but at the present time, rural districts served by Public Health Nurses, are far too large to allow for health instruction in every home in the interest of maternal and child care, and the necessary health supervision in all schools. In spite of this difficulty, the nurses are to be commended for their sincere efforts to render a high type of service to the public.

A staff of at least fifty-five nurses is necessary to cover the health work that should be done in the Province.

We tender our thanks to all City and Rural relief, welfare and social agencies of the Province; to the medical and teaching profession, municipal officials and men's and women's service clubs, for their co-operation and assistance, and to the Press for their interest in our work.

To you, Sir, we tender our thanks for your keen interest in the work of the Division and your helpful leadership in raising the standard of both the qualifications of Public Health Nurses and the service.

Respectfully submitted,

ELIZABETH A. RUSSELL,

Director of Public Health Nurses.



# Division of Food Control

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Winnipeg, Manitoba,  
January 18th, 1938.

C. R. Donovan, M.D., D.P.H.,  
Director, Division of Disease Prevention,  
Department of Health and Public Welfare,  
Winnipeg.

Sir:

I have the honour to submit herewith my report for the year ending December 31st, 1937.

## SANITARY SUPERVISION AND CONTROL OF SLAUGHTERING

The inspection of abattoirs and slaughterhouses throughout the Province, with the exception of those coming under official Meat Inspection by Federal authorities, has been continued as time and circumstances would permit.

### SLAUGHTERING PLANTS

Licenses issued during the year:

Butchers' small slaughterhouses .....	203
Beef Ring slaughterhouses .....	53
Abattoirs .....	8
<hr/>	
Total .....	264
<hr/>	

Farmers' interim permits to slaughter animals of their own raising and sell the meat by the carcass, side or quarter, during the cold winter months of December, January and February have been issued on application.

Issued during the year—64.

### BUTCHER SHOPS

As set out in our annual report of last year we believe it is highly desirable that the licensing of butcher shops should be established.

## DISPOSAL OF DEAD AND CRIPPLED ANIMALS

Dead and injured animals accumulating at the Union Stockyards, St. Boniface, were disposed of as follows:

Deads released to Rendering Plants:

Cattle .....	242
Calves .....	861
Hogs .....	602
Sheep .....	218
Horses .....	10
<hr/>	
Total .....	1,943

Crippled and injured animals slaughtered in abattoirs under inspection:

Cattle	275
Calves	78
Hogs	25
Sheep	10
Total	388

Rendering Plants licensed during the year—1.

PRODUCERS' MARKETS

Farmers' organizations operated licensed Producers' Markets at the following points:

Portage la Prairie	Winnipeg
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RESTAURANT AND BAKERY INSPECTION AT WINNIPEG BEACH  
AND GIMLI

The routine inspection of restaurants and bakeries at these points, which was first undertaken about fifteen years ago, has been continued with gratifying results.

GENERAL SURVEY OF RESTAURANTS

Acting on your instructions I have made a general survey of the restaurants throughout the Province with the exception of those coming within the City of Winnipeg, and beg to submit the following report.

Number of points visited	100
Number of restaurants inspected	213
Restaurants located in—	
Cities	26
Towns and villages of 1,000 or over	54
Towns and villages of 500 to 1,000	40
Villages and hamlets under 500	93
Total	213
Premises owned by restaurateur	101
Premises rented by restaurateur	112
Total	213
Restaurants operated by Chinese	94
Restaurants operated by English-speaking people and Europeans	119
Total	213

The places inspected range from roadside hot-dog stands to the more pretentious restaurants in cities.



For the purposes of this report they may be classified as good, fair, and poor or bad.

Good	-----	53
Fair	-----	104
Bad	-----	56
Total		----- 213 -----

In the class designated as bad:

2 were located in cities.  
24 were located in towns.  
30 were located in villages and hamlets

It is significant that 39 restaurants or 70 per cent. of those classified as definitely bad are conducted by Chinese.

Among the objectionable features noted the following may be mentioned:

Buildings of insanitary construction. (At some points old and dilapidated buildings which do not find ready tenants for other purposes have been rented to Chinamen to be used as restaurants. Naturally tenants do not care to make any improvements or incur any expense that can be avoided.)

Some premises are infested with rats or mice, or both.

A number of kitchens lack the necessary light.

In some cases unused cartons, piles of papers, empty bottles, and other junk of one kind and another have been permitted to accumulate in kitchens.

Lack of necessary hand-washing facilities and proper toilets.

Lack of proper screening to exclude flies.

Failure to properly dispose of garbage.

Water supplies of doubtful sanitary quality.

With very few exceptions little or no effort is made to effectively sterilize dishes and eating utensils. It is the general practice to wash dishes with warm, or hot, water and soap. While these operations may remove many bacteria they cannot be regarded as rendering the utensils reasonably sterile.. The greatest danger of conveying infection, however, rests in the use of drinking glasses and vessels which are commonly submitted to rinsing in cool or lukewarm water only.

That, lack of effective sterilization of glasses and eating utensils, and general insanitary conditions at public eating places, play an important part in the dissemination of disease, is not open to question. In this connection may I quote from a report presented to the annual convention of the American Public Health Association held at New Orleans in October, 1936:

Dr. James G. Cummings and N. E. Young, of Washington, D.C., in reporting scientific tests on eating utensils, said in part—

“The drinking glass is a link in the disease chain of dirty dishes. Want of knowledge of how to wash dishes in public eating places, by overlooking little bits like

inverting a glass properly, is putting back into circulation many of the 99 per cent. of disease germs which medical men thought they had banned by purifying water supplies and milk. The water purification, they said, saved 100,000 lives annually from typhoid alone. Milk purification saved 200,000 babies annually. Contributors of bacteria to the still unbroken link, the eating utensils, are 30 per cent. of the people who are healthy pneumonia carriers and one per cent. who distribute tuberculosis. There appears to be adequate proof that the disinfection of eating utensils would afford about 80 per cent. protection against influenza distribution."

In our opinion, a system of supervision and control of restaurants such as I have outlined in previous reports, the cost of which should be borne by the industry itself, would react to the benefit of the restaurant business as a whole and would be approved by the Restaurant Association of Manitoba.

That, the people generally would appreciate and heartily endorse any enterprise calculated to improve the general quality and wholesomeness of public meals, would appear to be beyond doubt.

MILK SUPPLY OF SMALLER URBAN CENTRES

The work of aiding the smaller urban centres in improving their public milk supplies has been continued at the following points:

Stonewall	Holland	Russell
Carman	Portage la Prairie	Neepawa
Manitou	Souris	McCreary
Treherne		

The most satisfactory results have been obtained at Carman, Portage la Prairie, Souris, Stonewall and Russell. In these municipalities the medical health officers and the councils are wholeheartedly behind the plan and the success of the undertaking is largely due to their support and co-operation.

Since the strict enforcement of a system of licensing milk vendors is essential to the success of any plan to improve public milk supplies, municipal councils who are not prepared to co-operate with the Department by successfully prohibiting the sale of milk from premises that do not come under sanitary supervision and control cannot expect to see the improvement in the quality of their milk supply which is possible under the plan.

UNDULANT FEVER

Ten cases of Undulant Fever were reported to the Department during the year from the following municipalities:

Carberry	1
Grandview	1
North Norfolk	1
Woodworth	1
East Kildonan	1
Brandon	1
Portage la Prairie	2
Winnipeg	2
Total	10



Two of the patients had some contact with animals and presumably may have become infected in this manner, but they also drank raw milk and consequently there is equal reason to believe that milk may have been the medium by which the infection was transmitted. Insofar as could be determined on investigation, the eight remaining patients had no contact with either animals or carcasses but all were habitual consumers of raw milk. In view of these facts it would seem reasonable to suppose that infected milk was responsible for the condition.

In one case the herd from which the milk supply was derived was tested for Bang's disease (contagious abortion) and over fifty per cent of the animals gave positive reactions. While the number of cases reported seems to indicate that Undulant Fever is increasing in the Province it would appear to be not unlikely that cases which might have escaped detection in the past are now being diagnosed by serological tests.

The Health of Animals Branch of Canada has a plan for aiding cattle owners in ridding their herds of Bang's disease, and in some sections of the United States restricted areas have been established for the eradication of this condition from animals. The area plan is fashioned on the lines of the Restricted Area Plan for the eradication of Tuberculosis.

Under existing conditions in this Province the most effective way of preventing milkbone Undulant Fever appears to lie in the pasteurization of fluid milk supplies.

### PASTEURIZATION PLANTS

Since the regulations respecting pasteurization plants were established in 1930, a consistent effort has been put forward to raise the status of milk pasteurization in this Province to a degree which would afford the consumers of pasteurized milk the protection against milkborne infections the process is capable of providing. Three highly unsatisfactory plants, located at West Kildonan, Portage la Prairie and Brandon respectively, have been closed, and at Portage la Prairie and Brandon have been replaced by reasonably up-to-date plants. In addition to these, new plants have been established at Dauphin, Portage la Prairie, Brandon, The Pas and St. Georges.

Our information is that pasteurizing equipment has been installed in several plants in and about the City of Winnipeg, but none of these have been brought to the attention of the Department in the manner contemplated by the regulations. In some of them at least the same equipment is used for the processing and bottling of both raw and pasteurized milk, which is a dangerous practice, and one which is condemned by milk sanitarians generally.

While we have endeavored to apply the regulations, it must be admitted that, owing to lack of necessary qualified assistants, this important feature in the general plan for preventing milkborne disease is not receiving the attention the situation demands.

Within the last decade some notable outbreaks of milkborne disease in Canada have been traced to so-called pasteurized milk. In Montreal 5,000 cases of Typhoid Fever; St. Catharines 500 cases of Para-typhoid Fever; Chatham 60 cases of Typhoid; not to mention lesser epidemics which have not received general publicity. That these outbreaks have occurred cannot be regarded as an indictment against pasteurization but can properly be charged to inefficient application of the process and, in some measure, to lack of proper sanitary supervision and control.

Whereas the pasteurization of all public milk supplies as an added safeguard

against milkborne infections has been endorsed and advocated by the Canadian Public Health Association, the American Public Health Association, public health organizations, and public health officials throughout the civilized world. And inasmuch as the people generally have been led to believe by those engaged in public health work, and by approved literature on disease prevention, that pasteurization will effectively prevent milkborne infections, may I be permitted to urge, with all the emphasis at my command, that a competent officer, whose primary duty shall be the close supervision of all milk pasteurization plants in the Province, be appointed to the staff of this Division.

Milk pasteurization plants from which milk is now being distributed for public consumption are as follows:

The Pas .....	1
Dauphin .....	1
St. Georges (delivery to Pine Falls) .....	1
Brandon .....	2
Portage la Prairie .....	2
Greater Winnipeg .....	9
Several small producer-peddler pasteurizers in and about the City of Winnipeg (exact number undetermined)....	
Total .....	16

CERTIFIED MILK

Only one dairy, which is located at Parkdale, some ten miles from the heart of the City, is now attempting to produce Certified Milk, and the quantity sold is so small that it may be regarded as negligible.

SANITARY SUPERVISION OF MILK SUPPLIES TO PASTEURIZATION  
PLANTS—GREATER WINNIPEG

Milk Producers' Licenses issued in this area during the year .....	895
Discontinued shipping voluntarily .....	88
Cancelled for cause .....	20
Later reinstated .....	8
Approximate number of producers shipping throughout the year .....	830
Licenses in force at this time .....	795

These figures indicate a decrease of about 150 in the number of producers since this work was first undertaken by the Department.

A number of different factors contributed to this result—

At the inception of the supervision some of the producers were carrying on without even the most elementary facilities for the sanitary handling of milk and were either unwilling or unable to make any improvement. Others persistently neglected to take essential precautions to keep milk clean or to preserve the keeping quality of the product. In such cases, after all other means failed, licenses were refused.

A new cheese factory has been established at Ste. Anne and a number of the more unsatisfactory producers in that district discontinued shipping and sold their product to the cheese factory.



Probably owing to better crop returns this year, from forty to fifty producers have discontinued shipping and disposed of their herds.

The year has witnessed considerable improvement in the sanitary quality of milk delivered to pasteurizing plants in Greater Winnipeg.

Some new and better stables have been built, a number of milk houses erected, and considerable equipment installed which will make possible the more sanitary and satisfactory handling of milk.

Laboratory Testing:

The laboratory testing of each producer's milk as it arrives at the plant, which has probably contributed more to improving the sanitary quality of milk than any other single factor, was continued during the summer months.

Here follows a comparison of the milk received in 1936 and 1937 as revealed by laboratory tests:

	1936	1937
Good milk .....	29%	43%
Fair milk .....	62%	46%
Poor milk .....	9%	11%

Despite the unusually hot weather of last summer less milk was returned to the producer for being sour than ever before.

It is the practice of many shippers, however, to discontinue cooling milk with water on the advent of cold weather and to rely on so-called "air cooling" until the first of May. Since air cooling is a decidedly unreliable and unsatisfactory method, much milk of high acidity is received during the late fall and early spring months.

In the past laboratory testing has been commenced on May 1st and continued until September 30th, but for the reasons outlined above it is highly desirable that this should become a year round activity, and, unless otherwise instructed, we shall endeavour to make arrangements to resume testing on March 1st of this year with the idea of carrying it on continuously.

Respectfully submitted,

W. A. SHOULTS,  
Director, Division of Food Control.

# Division of Sanitation

Winnipeg, Manitoba,  
January 17th, 1938.

Dr. C. R. Donovan, D.P.H.,  
Director, Division of Disease Prevention,  
Department of Health and Public Welfare,  
Winnipeg, Manitoba.

Sir:

I have the honour to submit herewith a report of the work done for the year ending December 31st, 1937.

## GENERAL INSPECTION AND ABATEMENT OF NUISANCES

The tables which follow show the number of inspections made by our District Inspectors, and provide a picture of the wide field covered in sanitary inspection.

	Northern Manitoba	All other portions of the Province	Grand Total
<b>Complaints Received:</b>			
Re Nuisances .....	3	37	40
Re Condition of water supplies .....	---	4	4
Total .....	3	41	44
<b>General Routine Inspections:</b>			
Cheese Factories and Sites .....	---	10	10
Cow Stables .....	132	18	150
Cafes .....	92	2	94
Creameries and Proposed Sites .....	11	4	15
Cemeteries .....	---	8	8
Bakeries .....	23	1	24
Dwellings .....	189	12	201
Dairies .....	26	2	28
Forestry Training Camps .....	---	4	4
Fur Farms .....	---	2	2
Food Stores .....	108	3	111
Hog Ranch .....	---	2	2
Horse Stables .....	22	27	49
Hotels .....	10	2	12
Hospitals .....	---	1	1
Industrial Camps .....	8	24	32
Institutions .....	---	7	7
Laudries .....	25	---	25
Lanes .....	28	43	71
Lodging Houses .....	65	---	65
Mattress and Upholstering Shop .....	---	1	1
Poolrooms .....	37	1	38
Public Baths .....	2	1	3
Privies .....	117	593	710



	Northern Manitoba	All other portions of the Province	Grand Total
Plumbing Systems .....	25	69	94
Storage of Garbage .....	174	500	674
Storage of Refuse .....	44	500	544
Scavenging .....	42	1	43
Swimming Pools .....	2	---	2
Sewerage Systems .....	9	61	70
Schools .....	3	32	35
Sewerage Treatment Plants .....	11	51	62
Second Hand Stores .....	2	---	2
Theatres .....	1	---	1
Tourist Camps .....	---	23	23
Vacant Lots .....	9	27	36
Waste Disposal Grounds .....	4	2	6
Yards and Areas .....	213	556	769
<b>Total .....</b>	<b>1,434</b>	<b>2,590</b>	<b>4,024</b>

**Water Supplies:**

Wells .....	20	131	151
Rivers .....	2	11	13
Lakes .....	16	1	17
Reservoirs .....	---	6	6
Creeks .....	1	2	3
Cisterns .....	---	1	1
Chlorinating appliances .....	21	1	22
<b>Total .....</b>	<b>60</b>	<b>153</b>	<b>213</b>

Re-inspections .....	92	18	110
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**Nuisances Abated:**

Defective cellars .....	3	---	3
Dirty or insanitary buildings .....	5	---	5
Overcrowding .....	22	---	22
Vermin .....	3	---	3
Unsound food .....	19	---	19
Improper storage of food .....	9	---	9
Improper storage of milk .....	1	---	1
Horse stables—dilapidated and insanitary .....	2	---	2
Cow stables—dilapidated and insanitary .....	1	---	1
Improper storage and removal of manure .....	126	3	129
Dirty yards .....	198	---	198
Lanes (nuisances) .....	28	1	29
Waste disposal grounds .....	3	---	3
Privies .....	117	2	119
Garbage and refuse disposal .....	218	1	219
Lack of scavenging service .....	40	---	40
Plumbing defects .....	15	1	16
Lack of natural light .....	4	---	4
Disposal of dead animals .....	---	3	3
Vacant lots (nuisances) .....	9	---	9

	Northern Manitoba	All other portions of the Province	Grand Total
Wells—defective construction .....	13	---	13
Wells—disinfected, etc. ....	9	2	11
Rivers—warning re pollution .....	1	9	10
Creeks—warning re pollution .....	---	2	2
Lakes—warning re pollution .....	7	---	7
Stagnant water .....	15	---	15
Chlorinating appliances .....	3	---	3
Total .....	871	24	895
Notices Served:			
Statutory .....	80	5	85
Informal (written) .....	19	3	22
Verbal warnings .....	547	76	623
Total .....	646	84	730
Water Samples Taken:			
Wells .....	7	103	110
Lakes .....	14	2	16
Rivers .....	2	8	10
Creeks .....	---	---	---
Ice .....	---	9	9
Other sources .....	7	5	12
Total .....	30	127	157

During the year nothing of a very exceptional nature occurred, and the policy of education and general service to the public was followed. A little less work was accomplished, owing to the lack of the services of an additional inspector in the field.

ABATEMENT OF NUISANCES

The number of complaints received and attended to was seventy, a reduction of twenty compared to the year 1936.

WATER SUPPLIES

**Municipal**—Two new water treatment plants were constructed during the year, for the City of Portage la Prairie and the Town of Pine Falls. In both cases provision has been made for proper preliminary treatment in coagulating basins, with the use of coagulents, and gravity sand filters providing a high filtering efficiency. Provision is also made for special backwashing or cleaning of filters, and in the case of Portage la Prairie water softening may be resorted to if necessary. These two new plants are the first of their kind in the Province and will provide waters which are not only bacteriologically but physically clean, and may be taken as an example of what citizens in any community should demand in providing a water supply of first quality.

Sampling of all municipal supplies for bacteriological analysis was carried out as in previous years, so that the Department is conversant with any adverse condition which may develop.



Tastes and odors in water gave a little more trouble in the cities of Winnipeg and Brandon, taxing the energy and ability of the water works' staffs to cope with the situation. Minor alterations or corrections to the supplies of Souris and Neepawa were recommended.

In Northern Manitoba a sanitary area was proclaimed around Brunne Lake for the protection of the supply to the Gurney Mines, and a chlorinator was installed for water sterilization purposes.

**Private Water Supplies**—The policy of assisting all private citizens in the rural areas to improve their water supplies is being continued, and there is now, judging by requests for information and service, a more alert public consciousness in regard to the safety of these waters.

**Cross Connections**—Only one case of connections between sewers and the water supply came to our notice. The owners of a building had certain changes made, at the request of the Department, to the water supply system, which consisted of eliminating entirely a supply from a sewage polluted river and the installation of a pump and pressure tank to provide water from a deep steel cased well. The tradesmen doing the work installed a drain from the bottom of the pump pit to the sewer. A chokage occurred and sewage backing up entered the well. In addition a drain off from the pressure tank was connected directly to the sewer, a plug cock only separating the drainage and water system. Happily there were no serious consequences, but there might have been. Cross connections of this type have in many cases been the cause of Typhoid Fever outbreaks, due in the first instance to the employment of tradesmen who are not qualified to undertake such work.

### SEWAGE DISPOSAL

The sewage treatment plant for Greater Winnipeg was put in operation at the end of the year. The Assiniboine and Red Rivers now relieved of their heavy load of sewage should, during 1938, present an extremely different picture insofar as cleanliness is concerned and freedom from offensive odors.

**Flin Flon (Northern Manitoba)**—Sewage from the Municipal District of Flin Flon, previously treated by the activated sludge plant owned by the mining company, was turned into the new treatment plant located close to Ross Lake. Treatment in this case is by chlorination and partial sedimentation. Objections were raised to this plant being put in operation, owing to possible odors and its close proximity to a residential area. Despite apprehensions, the plant has continued to give service without any offense.

No other municipal sewage treatment work has been done, with the exception of repairs to the plant at Neepawa.

### ICE

There has been considerable apprehension regarding the quality and safety of ice for domestic use during the past few years. Inspection of sources where ice is cut, and the regular sampling and analysis has shown little cause for questioning the sanitary quality of this product. Ice supplied to Greater Winnipeg is now from sources which are absolutely free from sewage or other serious contamination, and we have now, in addition to the ice reservoir in the Municipality of St. James, another new reservoir in Transcona fed from the Greater Winnipeg Water District supply. Cutting from the local rivers which existed some years ago has been eliminated. In the rural areas the rivers, lakes and ponds are comparatively clean, and

with the leaching out or cleansing action during freezing the ice is found to be of satisfactory quality and superior in all respects to the average poorly constructed well. Amendments to the regulations respecting ice were adopted in order to provide closer control.

### **PLUMBING AND DRAINAGE**

Since the adoption of the regulations in 1931, 112 installations have been made under our supervision. There were 40 permits granted and inspections made during the year. Owing to the unsatisfactory work done by unskilled tradesmen, and the possibilities of serious consequences in cross-connecting water supplies, and the additional and unnecessary work resulting, closer supervision and increased staff are essential.

### **FUMIGATION BY HYDROCYANIC ACID GAS**

The use of "cyanide" for fumigation purposes would appear to be increasing. There were three permits issued to fumigators and the number of fumigations carried out was 217, an increase of 23 over 1936. Regulations governing fumigation were further amended to control all toxic substances which might be used.

### **SCHOOLS**

As previously mentioned in the annual report for 1936, complete sanitary surveys of schools are being done as time permits. Fifty-two inspections have been made and copies of reports supplied to the various school authorities for their guidance in the improvement of schools.

### **CHEESE FACTORIES AND CREAMERIES**

In co-operation with the Dairy Branch of the Department of Agriculture, fourteen inspections were made of proposed sites for creameries and cheese factories. Fifteen inspections were made in connection with the quality of water and the treatment and disposal of creamery wastes. Much remains to be done in solving the difficult problems of disposing of creamery wastes, particularly where water courses with adequate flow are non-existent.

### **CEMETERY SITES**

Applications to establish eight cemeteries were received, inspections made, and permits granted in five cases.

### **TOURIST CAMPS AND SUMMER RESORTS**

General routine inspection of tourist camps and summer resorts were confined mainly to those in close proximity to Greater Winnipeg and within a radius of approximately eighty miles. There is room for improvement in the general sanitary conditions of these camps further afield, but with the limited staff this work cannot possibly be done. Conditions found were satisfactory on the whole and the owners and proprietors of camps continue to give their co-operation. No complaints were received.

### **INDUSTRIAL AND CONSTRUCTION CAMPS**

Thirty-five camps were inspected, and return visits made in several cases where conditions warranted such action. During the winter months the work of inspecting



and regulating camps, particularly those in relatively inaccessible places, is becoming more difficult. Camp owners have not co-operated with the Department in giving notice of the establishment of a camp or its location, and we only have known of its existence through complaints.

### NORTHERN MANITOBA

General sanitary conditions in Northern Manitoba continue to be satisfactory. The Town of Sherridon and Cold Lake were again re-occupied during the year with the start of mining operations.

### GENERAL

Since the commencement of practical sanitary services in 1929, a great deal of work has been done. Slow but gradual changes have taken place for the better, but there is yet an enormous field for the application of the qualified sanitary inspectors' knowledge and ability in the field.

In conclusion I desire to thank the various individuals, divisions and departments for their co-operation and assistance throughout the year, and also the splendid work of Inspectors Flattery and Arnott who have contributed their best efforts and ability.

Respectfully submitted,

J. FOGGIE,

Chief Sanitary Inspector.

# Division of Industrial Hygiene

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Winnipeg, Manitoba,  
January 28th, 1938.

Dr. C. R. Donovan, D.P.H.,  
Director, Division of Disease Prevention,  
Department of Health and Public Welfare,  
Legislative Buildings,  
Winnipeg, Manitoba.

Sir:

During 1937 the Department of Health and Public Welfare, acting under agreement with the Workmen's Compensation Board, undertook the yearly examination of all workmen employed in certain industries where Silicosis may be contracted. Those men who successfully passed the examination were granted a subsisting license, issued by the Minister, as required by the amendments to the regulations under "The Public Health Act", passed in April, 1937. An examining centre has been established in the Department, for the purpose of issuing certificates to all new men going into the mining area, who will be exposed to silica dust.

During July, all the mining centres in Manitoba were visited, and at all mines, except the Flin Flon, those engaged in "prescribed occupations" were examined both physically and by X-Ray. At Flin Flon, the examinations were done by Dr. P. B. Guttormson, but the certificates were issued, on his recommendation, by the Minister. Up to December 31, 1937, a total of 782 men have been examined by the Department, and 764 certificates issued; 649 men were recommended by Dr. Guttormson, bringing the total to 1,413 medical certificates issued.

As detailed information concerning the men employed by the Hudson Bay Mining and Smelting Co. is lacking, the analysis of the findings will be confined to those men who received physical examination and X-ray plates entirely through the Department. Of these 782 men, 704 or 90 per cent. had X-ray findings of the chest which could be considered within the limits of normal. The remaining 78 plates had abnormal findings of greater or lesser degree, and were reserved for further consideration in consultation with members of the permanent independent Board of Physicians, appointed by the Workmen's Compensation Board. The decision in each individual case was based on due consideration of each of the several following factors which might have a definite bearing on the case:

- |   |                           |
|---|---------------------------|
| (a) Age.                                  | (e) Previous illnesses.   |
| (b) Nationality.                          | (f) Physical examination. |
| (c) Tuberculosis contact.                 | (g) X-ray plates.         |
| (d) History of past occupation in detail. |                           |

The results of the final disposition of the men are shown in Table No. 1.

Of the 78 men with abnormal findings, 66, or 84 per cent, were found to have increased fibrosis of greater or lesser degree, whilst 12 had Tuberculosis in some form. It is not the policy of this Department, or the Compensation Board, to reject men from the mines who show increased fibrosis, unless they are definitely infectious to other workmen, or have a disability greater than 20 per cent. Consequently,



as noted in table, 60 men were granted medical certificates, although they showed abnormal chest conditions. Briefly, they may be classified as follows:

TABLE No. I.

## SUMMARY OF EXAMINATIONS FOR SILICOSIS

Place of Examination	Total No. Men Examined	No. con- sidered to be Normal	No. con- sidered Abnormal Cert Issued	Total No. Certs. Issued	No. to whom Certs. Refused
Gunnar Mine .....	103	91	9	100	3
San Antonio Mine .....	173	155	12	167	6
Packsack Mine .....	11	10	0	10	1
God's Lake Mine .....	96	91	2	93	3
Laguna Mine .....	79	66	12	78	1
Sherritt Gordon Mine .....	196	174	20	194	2
Gurney Mine .....	39	36	2	38	1
Bergold Mine .....	11	11	0	11	0
Century Mine .....	16	12	3	15	1
H. B. M. & S. (Flin Flon) ..	649	649	0	649	0
New Men examined in Winnipeg .....	58	58	0	58	0
Totals .....	1,431	1,353	60	1,413	18

5 men have uncomplicated Silicosis, with very limited disability.

40 men have definitely increased fibrosis. (M.F.U. plus.)

13 men have septic or emphysematous chest conditions, not due to silica.

2 men have apparently well healed, old, Tuberculosis lesions.

These men, in the majority of cases, will be allowed to remain at work, and continue as self-sustaining citizens as long as they can be of service to the industry.

The 18 men who were refused certificates in the final review, may be classified as follows:

5—definite Silicosis, but contracted outside of Manitoba.

4—Silicosis with Tuberculosis complication.

6—Tuberculosis, active, or considered potentially dangerous.

3—Considered to be very bad risk, having poor type of chest.

As a result of these examinations, it was revealed that a large majority of miners in Manitoba, who have at the present time an increased fibrotic lung condition, due to inhalation of silica dust, have spent much more time mining in other centres than Manitoba, and doubtless had these abnormalities present, to some degree at least, on entering the Province. It was found that only about one-fifth of the total mining experience of these men had been in Manitoba, but it is recognized that if they remain, some of them may in the future become eligible for compensation. By the establishment of the permanent record office in the Department, and the close supervision of all new applicants, it is hoped that this injustice will be eliminated in the future.

The work done this past year has established several important conclusions:

1. Silicosis may be contracted in Manitoba mines, but requires a minimum of 7 to 10 years continuous exposure. That it is not, in itself, of the major importance which may have been given it in the past, is borne out by the fact that, so far, it has only affected 9 per cent. of the workers at all, and less than 2 per cent. to the point of active disability.
2. Tuberculosis is a very important factor in dealing with Silicosis; no less than 11 of the 18 rejected men showing some evidence of Tuberculosis activity. Once introduced into a silicotic lung, it shows markedly increased activity, and thus frequent examination of all potential Silicosis cases, is indicated.
3. The advisability of maintaining a rigid standard of physical fitness for new applicants is most important. Particular emphasis must be placed upon the detection of Tuberculosis in its most incipient stage.
4. There is reasonable ground to believe that by such careful selection of applicants, along with greatly improved method of ventilation, and other means of prevention now under investigation, Silicosis will eventually be reduced to a minimum in Manitoba.

Respectfully submitted,

M. R. ELLIOTT, M.D., D.P.H.,

Director of Industrial Hygiene.



# Division of Public Health Education

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F. W. Jackson, M.D., D.P.H.,  
Deputy Minister,  
Department of Health and Public Welfare,  
Legislative Buildings,  
Winnipeg, Manitoba.

Sir:

I have the honour to submit the following report of the work carried on by the Bureau of Health Education for the year ending December 31, 1937.

As a result of the growing interest in health education, and recognition of its importance as a means for promoting human well being, there has been a corresponding increase in the opportunities for service in this field. A summary of the work is as follows:

## INFORMATION BUREAU

### Correspondence

Throughout the year, letters from all parts of Manitoba and beyond its boundaries have reached the Department, asking for health information. These letters have come from parents, teachers, students, nurses, clergymen, and other community leaders, and have been dealt with or referred to the proper source for assistance. One of the helpful features in this phase of work is the occasion it affords to keep in close touch with problems of health education.

Total number of inquiries by correspondence ..... 2,014

In addition there has been correspondence with other individuals and agencies respecting arrangements for health education activities to the number of ..... 547

### Consultations

Inquiries for information relating to personal and community health questions have been dealt with:

By telephone calls, approximately ..... 3,877

By personal interviews to the number of ..... 3,278

In connection with these requests for information, there have been many opportunities to direct attention to the facilities provided by health and social agencies, as well as to refer those in need of these services.

### Publications

#### Distribution:

During the year, numerous requests from all parts of the Province have been received for health publications dealing with maternal and child health, nutrition, communicable disease, and other special health problems. In some instances lack of an adequate supply of printed matter has made it impossible to meet all requests in full.

Number of publications sent in response to requests:

Printed pamphlets .....	108,797
Mimeographed bulletins .....	73,672
Total .....	182,469

The varied uses of these publications show that printed matter has an important place in health education since it not only may be easily obtained when required by that large number of the population who cannot be reached by health workers, but also helps the health advisor to emphasize facts that might otherwise soon be forgotten.

In addition to the use of publications by individuals, by community groups and in schools, it has been found that in community lending libraries they have also been used as a nucleus for health reading material.

#### Supply:

As in the previous seven years, the generous assistance of the Metropolitan Life Insurance Company and National Health Organizations has enabled the Department to provide reliable and suitable health literature when and where it has been most needed.

When it has not been possible to fill requests for information in printed form, these have been met as far as possible by the use of mimeographed bulletins. Such bulletins have also been necessary to supply material for particular local requirements. In this connection special requests continue to be made for the maternal and child hygiene pamphlets prepared years ago, and out of print during the past seven years, although it has been clearly stated on the list of publications that they are out of print.

In view of the difficulty of teachers to obtain health teaching aids for class work, efforts have been continued to obtain suitable posters and printed matter from national health organizations for distribution to schools, and to prepare additional needed material when not available from other sources.

New publications have been prepared and others have been revised to the number of 66. Several of these publications have been reproduced for use by health agencies in other provinces.

Number of bulletins mimeographed for distribution .....	109,985
Number of departmental pamphlets printed by the Metropolitan Life Insurance Company .....	24,000

Number of publications supplied for distribution by the following organizations:

Canadian Tuberculosis Association .....	9,770
Canadian Welfare Council .....	8,260
Department of Pensions and National Health .....	1,912
Metropolitan Life Insurance Company .....	17,450
Other Agencies .....	717
Total .....	38,109



### LIBRARY

The reference library now has a total of 266 books, 15 magazines and approximately 1,000 pamphlets which not only afford workers, teachers and students an opportunity to keep in touch with developments in health and social work, but serve as useful references in the preparation of talks and lesson material.

New books placed in the library .....	5
New monthly magazines subscribed for the library .....	4
Number of books donated to the library .....	13

A number of magazines and pamphlets have been donated, which has helped to meet the need for current reference material.

The following material has been borrowed during the year:

Books .....	192
Magazines .....	151
Pamphlets .....	301
Total .....	654

Lists of health books have also been supplied to libraries on request.

### EDUCATION

#### Radio

One of the most satisfactory activities of the year has been the development of radio programmes which were broadcast from October, 1936, to May, 1937, over Radio Station CKY of the Manitoba Telephone System, and Radio Stations CJRC and CJGX of the James Richardson and Sons, Limited.

"Health Problems of Today" was the general title of the seventh annual programme of health talks, which were broadcast over Station CKY on Fridays from 3.45 to 4.00 p.m. In January, 1937, talks were given each week on Tuesdays as well as Fridays at the request of the radio station programme director.

This programme covered a wide range of topics dealing with questions of communicable disease, personal and community health, nutrition, sanitation, education for parenthood, and social health; and provided not only information to individual listeners, but also served to promote study and discussion of health matters among members of adult study groups. Listening groups were particularly interested in the following talks:

"Understanding our Children"—a series of six talks given by members of the Winnipeg Parent Education Association. This Association also gave valuable assistance by preparing study outlines of which 178 copies were issued by this bureau, and by undertaking as well to answer the questions of study groups. One cannot speak too highly of the ready co-operation given by members of this organization who are now endeavoring to make available to rural parents the facilities for child study, that heretofore have been afforded only to parents in Greater Winnipeg.

"Helping the Hard of Hearing" by members of the Winnipeg League for the Hard of Hearing. These talks resulted in many requests for further information from the hard of hearing, as well as enquiries from other Leagues who were interested in starting a radio programme.

"Our Social Health" was a series which dealt with questions of Venereal Diseases and their effect on human welfare. Previous to these talks, outlines were prepared by the Deputy Minister and on request sent to about 80 Women's Institutes.

In view of the uncertain outcome of the public response to talks on this subject, it is of interest to report that they were well received and were followed by requests for them in written form to the number of 715 copies. The general opinion as to the result of broadcasting information about Venereal Disease is that it has caused widespread interest, and recognition of the serious problems it creates; and has therefore accomplished the chief purpose for which these talks were given.

Total number of radio talks .....	49
Total number of radio speakers .....	20

The speakers who took part in this programme, in addition to those previously mentioned were members of the Department, the Manitoba Medical Association, the Manitoba Dental Association and the Extension Service of the Department of Agriculture.

"The Healthwell Family" was a new feature in dramatized form, which was broadcast from Station CJRC, and heard also over Station CJGX each Tuesday from 7.45 to 8.00 p.m. In this programme were presented episodes in the life of the Healthwell family to illustrate incidents that affect health and social relationships, as well as discussions of health matters by various members of the household and their friends.

Total number of presentations .....	26
Total number of players .....	20

The cast of players consisted of a member of the Home Economics faculty, University of Manitoba, and members of the Department. Of these special mention should be made of the generous assistance of Miss L. E. Stewart, Division of Vital Statistics, and Dr. W. A. Shoults, Division of Food Control, whose faithful attendance throughout the programme as Mr. and Mrs. Healthwell ensured the continuity of this feature.

In connection with these programmes the management and officials of Radio Stations CKY and CJRC have given generous allotment of time on the air, and helpful advice in carrying on radio activities. We are also greatly indebted to the speakers who gave so freely of their time in contributing to these programmes.

At the conclusion of these broadcasts an attempt was made by means of a questionnaire to members of the Women's Institutes to find out what features were considered of particular interest and benefit. The result indicated the appreciation of listeners for health information by means of the radio, and the preference for topics which has been helpful in preparing succeeding programmes.

It is of interest to mention that not only have many inquiries been received from other organizations regarding the radio activities of the Department, but requests have also been made to use the scripts written for the programmes.

Total number of scripts written .....	34
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A series of four half-hour presentations was also arranged and prepared at the request of the Manitoba Association for Adult Education in connection with the radio programme entitled "The Professions and the Public". This series was given in the



form of conversations to explain the educational needs of nurses and their service in the community, and was followed by many inquiries.

### Exhibits

Eight health exhibits were held during the year at the Conventions of the Manitoba Educational Association, the Manitoba Medical Association, the Canadian Public Health Association, the Canadian Medical Association, the United Farmers of Manitoba, and the Summer Exhibitions in Brandon, Carman and Portage la Prairie.

At the Annual Convention of the Manitoba Educational Association, the exhibit consisted of posters, charts and publications which drew attention to developments in school health education. This is the fifteenth year that the Executive Committee of the Manitoba Educational Association has allotted space for the exhibit and information service of the Department, which has afforded a valuable means for assisting teachers in school health problems.

The exhibit held at the Conventions of the Manitoba Medical, Canadian Public Health and Canadian Medical Associations demonstrated the spread and extent of the epidemic of Poliomyelitis in the Province during 1936, and the co-ordination of effort between the Medical Profession, Municipal and Provincial Authorities in combatting the disease.

The exhibits at the Summer Exhibitions were held as follows:

At the Provincial Exhibition at Brandon, the exhibit which occupied a space of 70 feet in the Government Building, showed a "Bridge of Life" of seven spans, representing the seven age periods of man. Health hazards in each age group, including the greatest causes of deaths during these periods were contrasted with models to direct attention to some aids for prolonging life. In addition an information booth provided an advisory service which was particularly appreciated by rural visitors.

At the Portage la Prairie Industrial Exhibition the "Bridge of Life" was also displayed in a very desirable location of 25 feet in the Display Building. This exhibit also included an information service.

At the Carman Exhibition, a model sick room was set up to show the precautions required and the improvised equipment suitable for the home care of communicable diseases. Posters and publications also formed a part of the display to explain the essential measures for preventing the spread of disease. An interesting feature of this exhibit was that it provided the opportunity for giving two demonstrations to the leaders of girls' groups who were in attendance under the supervision of the Agricultural Extension Service.

Both at Portage la Prairie and Carman, the management of the Exhibitions spared no effort in assisting the workers, and expressed appreciation of the health exhibits as an attractive and educational feature for visitors.

In connection with the Annual Convention of the United Farmers of Manitoba, a display of posters and bulletins showed the greatest causes of deaths in the periods of infancy, pre-school, school, youth, maturity, middle age and old age; and some essential measures for their prevention.

Posters and other demonstration material were borrowed by health workers and organizations as follows:

Number of posters and charts borrowed .....	244
Number of slides borrowed .....	149

(Items of other exhibit material not included)

Number of posters, signs, and other demonstration material prepared for exhibits, child health conferences and group teaching—193.

### HEALTH EDUCATION IN SCHOOLS

The year 1937 marks the twentieth anniversary of the introduction of the health education movement in the schools by the Department through the co-operation of the Department of Education. Since then an endeavour has been made to assist teachers by means of an advisory service, and teaching aids as instanced by the following activities during the year:

Correspondence has been carried on with teachers to the number of	452
Office interviews with teachers .....	121
Teaching aids and publications sent to teachers on request .....	78,400

In connection with first aid and home nursing instruction which has been fostered as a practical part of health instruction in the school, there is reason to believe that it has been included in the regular health teaching programme of many schools as indicated by the large number of requests for lesson helps. In addition, 28 classes with an enrolment of 919 pupils were registered for the two year course leading to a certificate. Certificates were awarded to 271 pupils who had completed the course of instruction satisfactorily.

It is worthy of mention that early in the year, the revised programme of studies in health education for the elementary schools was completed by the late Dr. W. A. McIntyre, to whom we take this occasion of paying tribute, not only as an eminent leader in school health education, but also as an active supporter of all health activities for the welfare of little children.

As in previous years, articles have been contributed to the "Health Department" of the Western School Journal for the purpose of keeping teachers in touch with current thought and news concerning school health education.

### HEALTH EDUCATION IN NORMAL SCHOOLS

In the Normal Schools of Winnipeg and Brandon, arrangements for instruction by officers of the Department have been made as requested in connection with the course of study in health education.

Number of lectures given at Brandon Normal School .....	22
Number of lectures given to 4 classes at Winnipeg Normal School .....	38

At the Winnipeg Normal School, the course of instruction was given to 4 classes in a series of 15 lectures.

A series of 15 lectures was also arranged for the students at the School of Education, University of Manitoba.

Teaching Aids were supplied in the form of mimeographed notes and bulletins to 274 students.

At this time when development in educational matters is being considered, it



may be pointed out that the present arrangements for a short course of lectures does not provide an adequate course in health education as given in former years when a full time health instructor was employed, but has been an attempt to give as much assistance as circumstances have permitted.

HEALTH EDUCATION IN SCHOOLS OF NURSING

As a means of providing student nurses with information regarding community health needs and resources for promoting human welfare, assistance has been continued as requested to Schools of Nursing by arranging for special instruction, and by providing teaching aids to 221 students at eight of the Schools of Nursing in the Province.

For many years, the Department has endeavored to promote interest in this field as an essential part of a health educational programme. The study that is now being made regarding the health and community aspects of nursing education as recommended in the Proposed Curriculum for Schools of Nursing in Canada, is therefore an important development in health education.

COMMUNITY ORGANIZATIONS

The increasing interest in adult education has been reflected in the trend towards group study of health problems. Many community organizations have asked for reference material, and have shown keen interest and appreciation of the study outlines, references and publications that have been supplied to assist them in their study and discussions.

Leaders of teen-age groups have also received assistance in the form of suggested programmes for study, reference material and publications, including teachers at Youth Training Centres who requested aid in health teaching.

Material prepared for organizations .....	17
Material prepared for speakers .....	38
Arranged for speakers at meetings .....	33
Number of health talks given .....	29

In November, a new development in adult health education was begun by organizing Local Leader Groups to assist community groups in the study of family health problems. By means of this method, which has been developed in extending home-making courses to women's groups in rural centres, members of many groups may now receive the guidance of a health instructor in their activities—thus increasing the area that may be covered at a minimum of cost for professional instruction.

In planning this course in Family Health, the aim has been to deal with the health problems of the home-maker as units of study. For the first year, only two units are being taken up, that is, Home Nursing and First Aid, including the care of the body in health as well as in emergency. This course is not planned to prepare members to take the responsibility of a doctor or a graduate nurse, but it will enable them to give necessary care to those sick in the home, or in case of emergency. If this method of instruction proves successful, it is planned to arrange additional units of study in maternal and child care, mental hygiene, and various other health questions that affect home-makers and their families.

Fourteen centres have been organized in the south-western part of the Province through the co-operation and aid of the Extension Service of the Department of

Agriculture. At these centres, a health instructor visits once a month for five months, where she meets the local leaders for a day's session. These leaders in turn relay the instruction they have received to group members in their own communities. At the end of the sixth month, an achievement day will be held, which will give all members an opportunity to display their work.

The leaders are nearly all busy home-makers, ranging in age from 18 to over 70 years, many of whom travel long distances to the centres to meet the instructor. There are also school teachers among them, who are giving the course of instruction to their high school students. In one centre, a teacher is a leader of a group of students at a Youth Training Centre; and in another there are leaders of two men's groups who are eager to obtain instruction.

There are now 159 leaders who represent 80 groups with a total of 1,175 group members carrying on this course of study.

In concluding this review, I desire to express my appreciation of the kindly assistance given by the officers of the Department, the Extension Service of the Department of Agriculture, the Departments of Education and Public Works; as well as those previously mentioned.

Respectfully submitted,

ANNA E. WELLS,

In charge of Bureau of Health Education.



# Division of Vital Statistics

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F. W. Jackson, M.D., D.P.H.,  
Deputy Minister of Health and Public Welfare,  
Winnipeg.

Sir:

I have the honour to present the annual statistical report of the Vital Statistics Division for the calendar year 1937.

Respectfully submitted,

A. P. PAGET,

Recorder of Vital Statistics.

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## PREFACE

The Tenth Annual Report on Vital Statistics, to be issued under the Department of Health and Public Welfare, is submitted for the year 1937, together with comparative statistics for earlier years.

The Vital Statistics Division is responsible to the Minister of Health and Public Welfare, under whose direction has been entrusted the compilation and tabulation of its own statistics in close co-operation with the Dominion Bureau of Statistics at Ottawa. The Vital Statistics Division directs the collection of all data through the agency of Division Registrars of Births, Marriages and Deaths throughout the Province, and includes Indians on Reserves. Transcripts of all registrations are forwarded monthly to the Federal Bureau and for which the Dominion Government pay a nominal fee for each registration.

The Federal Bureau prepares exhaustive tabulations and studies from these transcripts, and together with similar transcripts from the other eight Provinces, their Annual Report constitutes an important presentation of statistical data, and is shown in part in this report. The system of re-allocation has been adopted in Manitoba, according to residence. This has been done in England since the beginning of 1911, with the Registrar General's office acting as a clearing house. In many of the American States re-allocation is made by State authority.

The usual procedure is being followed in regard to important changes that are made from time to time in the collection of statistical information. At the present time a committee of the Canadian Public Health Association is reporting upon the advisability of instituting a single stillbirth form. The form as suggested is based upon the procedure in England, United States, and Canadian experience in Quebec. The other Provinces have been consulted, and it is urged that the present double system of recording stillbirths, as Births and Deaths, and the information secured is inadequate to meet the demand for reliable data in this phase of Public Welfare.

## POPULATION

The population of Manitoba increased from 25,228 in 1871 to 579,551 in 1915. The war period was apparently responsible for the decrease shown in the years 1916-1919. Since 1920 there has been a gradual increase. The following Table includes an estimate of 13,969 Indians on Reserves in 1937.

TABLE I.

## POPULATION BY YEARS, 1666-1937

1666	3,215	1905	328,440	*1921	*610,118
		1906	365,688	1922	627,000
1834	3,356	1907	388,472	1923	627,500
		1908	394,188	1924	629,000
1844	5,143	1909	424,792	1925	633,000
		1910	437,535	*1926	*639,056
1851	5,600	*1911	*461,394	1927	647,176
		1912	492,762	1928	657,316
1861	8,668	1913	544,932	1929	669,476
		1914	573,813	1930	683,651
*1871	25,228	1915	579,551	*1931	*700,139
		*1916	*570,859	1932	709,000 Est.
*1881	62,260	1917	549,759	1933	710,000 Est.
		1918	557,739	1934	711,000 Est.
*1891	152,506	1919	557,739	1935	711,000 Est.
*1901	255,211	1920	594,225	*1936	711,216
				1937	717,000

\* Census years. Intervening years are estimates.



Birth and Death Rates for Provinces  
1926-1937

TABLE II.

	Birth Rates per 1,000 of Population					Death Rates per 1,000 of Population				
	1926-1930		1931-1935		1937	1926-1930		1931-1935		1937
Prince Edward Island	19.7	22.1	21.8	22.6	22.4	11.0	11.3	11.6	11.0	12.3
Nova Scotia	21.4	22.0	21.7	22.0	21.3	12.4	11.7	11.5	11.7	11.2
New Brunswick	25.8	24.9	23.9	24.2	24.0	12.5	11.2	11.0	11.1	12.3
Quebec	30.5	26.6	25.3	24.6	24.1	13.5	11.1	10.6	10.7	11.3
Ontario	21.0	18.3	17.1	17.2	16.6	11.2	10.1	9.7	9.9	10.4
MANITOBA	21.7	19.3	18.7	18.8	18.0	8.3	7.6	7.3	8.1	8.5
Saskatchewan	24.7	21.9	21.2	21.0	19.8	7.3	6.5	6.4	6.6	7.3
Alberta	24.2	22.1	21.5	21.2	20.4	8.4	7.3	7.1	7.5	8.0
British Columbia	16.2	14.0	13.5	13.6	15.0	9.3	8.9	8.8	9.3	10.6
CANADA	24.1	21.4	20.5	20.3	19.8	11.1	9.7	9.4	9.7	10.2

TABLE III.

Rate of Natural Increase per 1,000 of Population						
	1926-30	1931-35	1934	1935	1936	1937
Prince Edward Isl. -----	8.7	10.8	10.2	11.6	10.4	10.1
Nova Scotia -----	9.0	10.3	10.2	10.3	11.0	10.1
New Brunswick -----	13.3	13.7	12.9	13.1	13.2	11.7
Quebec -----	17.0	15.5	14.7	13.9	14.0	12.8
Ontario -----	9.8	8.2	7.4	7.3	6.7	6.2
MANITOBA -----	13.4	11.7	11.4	10.7	9.4	9.5
Saskatchewan -----	17.4	15.4	14.8	14.4	13.7	12.5
Alberta -----	15.8	14.8	14.4	13.7	12.4	12.4
British Columbia -----	6.9	5.1	4.7	4.3	4.5	4.4
CANADA -----	13.0	11.7	11.1	10.6	10.3	9.6

TABLE IV.

Infant Mortality Rate per 1,000 Live Births						
	1926-30	1931-35	1934	1935	1936	1937
Prince Edward Isl. -----	71	67	67	72	69	73
Nova Scotia -----	85	73	71	72	66	70
New Brunswick -----	101	82	86	83	77	101
Quebec -----	127	98	97	92	83	100
Ontario -----	74	61	57	56	55	55
MANITOBA -----	72	61	55	63	61	64
Saskatchewan -----	73	62	55	61	54	66
Alberta -----	75	60	55	58	60	63
British Columbia -----	55	46	43	46	44	56
CANADA -----	93	75	72	71	66	76

TABLE V.

Maternal Mortality Rate per 1,000 Live Births						
	1926-30	1931-35	1934	1935	1936	1937
Prince Edward Isl. -----	4.6	5.1	5.1	4.0	5.6	5.8
Nova Scotia -----	5.5	5.1	6.2	5.3	4.3	2.7
New Brunswick -----	6.2	5.5	5.1	4.6	6.6	3.7
Quebec -----	5.2	5.1	5.5	5.4	6.0	5.2
Ontario -----	5.8	5.3	5.6	5.0	5.7	5.2
MANITOBA -----	5.6	4.4	3.8	4.2	5.4	4.3
Saskatchewan -----	5.9	4.5	4.4	4.1	4.5	4.6
Alberta -----	6.6	4.5	5.0	4.3	5.8	4.9
British Columbia -----	6.1	5.3	5.1	5.2	4.7	4.5
CANADA -----	5.7	5.1	5.3	4.9	5.6	4.9



TABLE VI.

## Illegitimate Births—Per Cent of All Live Births

	1926-30	1931-35	1934	1935	1936	1937
Prince Edward Isl. ....	2.4	3.8	4.3	4.1	3.4	3.0
Nova Scotia .....	5.1	5.7	5.8	5.7	6.1	6.0
New Brunswick .....	2.9	3.6	3.6	3.9	3.9	3.6
Quebec .....	2.8	3.1	3.1	3.3	3.3	3.2
Ontario .....	3.2	4.2	4.0	4.2	4.5	4.5
MANITOBA .....	3.5	3.7	3.8	3.5	3.8	3.7
Saskatchewan .....	2.3	3.2	3.4	3.3	3.7	3.5
Alberta .....	3.0	3.7	3.6	3.8	3.8	3.9
British Columbia .....	2.3	3.3	3.5	3.2	3.6	3.8
CANADA .....	3.01	3.65	3.65	3.77	3.92	3.88

TABLE VII.

## Stillbirths—Per Cent of Total Births

	1926-30	1931-35	1934	1935	1936	1937
Prince Edward Isl. ....	2.4	3.3	3.3	3.2	3.4	2.9
Nova Scotia .....	3.2	3.4	3.0	2.9	2.4	2.5
New Brunswick .....	2.7	2.8	2.7	2.5	2.2	2.5
Quebec .....	2.6	2.9	2.8	3.0	3.0	3.0
Ontario .....	3.9	3.4	3.3	3.3	3.2	3.1
MANITOBA .....	3.2	2.7	2.7	2.4	2.5	2.6
Saskatchewan .....	2.5	2.3	2.3	2.0	2.2	2.1
Alberta .....	2.8	2.5	2.2	2.2	2.3	2.2
British Columbia .....	2.8	2.4	2.3	2.1	2.1	2.1
CANADA .....	3.1	2.9	2.8	2.8	2.8	2.9

TABLE IX.

MANITOBA—GENERAL SUMMARY OF BIRTHS, DEATHS, STILLBIRTHS AND MARRIAGES IN CITIES AND TOWNS OF 1,000 POPULATION AND OVER, INCLUDING URBAN MUNICIPALITIES, 1937, ACCORDING TO PLACE OF RESIDENCE

CITIES AND TOWNS	Births Exclusive of Stillbirths		Deaths All Ages		Under 1 Year		1 - 4 Years		5 Years and Over		Still-births	Marriages		
	Total	M.	F.	Total	M.	F.	M.	F.	M.	F.				
Manitoba	12,928	6,606	6,322	6,112	3,492	2,620	467	399	155	115	2,870	2,106	342	6,113
Brandon	204	109	95	124	74	50	2	4	---	1	72	45	4	227
Portage la Prairie	109	56	53	74	43	31	6	3	2	---	35	28	5	87
St. Boniface	274	139	135	121	72	49	6	7	2	---	64	42	3	199
Winnipeg	2,810	1,410	1,400	1,771	1,042	729	72	59	24	16	946	654	84	2,919
Beausejour	18	9	9	13	7	6	1	2	---	---	6	4	---	14
Carman	17	9	8	24	12	12	4	1	1	---	7	11	---	16
Dauphin	82	33	49	34	23	11	6	---	---	---	17	11	---	95
Minnedosa	25	15	10	22	11	11	2	---	---	---	9	11	---	27
Morden	28	14	14	12	5	7	---	---	---	---	5	7	3	16
Neepawa	30	13	17	26	19	7	---	---	---	---	19	7	3	39
Selkirk	63	34	29	37	19	18	1	1	---	---	18	17	2	41
Souris	11	6	5	10	3	7	---	---	---	---	3	7	---	19
Stonewall	14	6	8	15	7	8	1	1	---	---	6	7	1	9
Swan River	22	12	10	12	8	4	---	---	---	---	8	4	1	30
The Pas	75	32	43	41	16	25	3	7	1	3	12	15	3	56
Transcona	78	38	40	32	16	16	1	---	---	---	15	16	2	36
Tuxedo	15	9	6	9	4	5	---	---	---	---	4	5	2	1
Virden	21	11	10	17	8	9	---	1	---	---	8	8	2	30
URBAN MUNICIPALITIES														
Fort Garry	57	25	32	28	15	13	3	---	2	---	10	13	3	25
Kildonan North	26	11	15	7	4	3	1	2	---	---	3	1	---	4
Kildonan East	103	61	42	29	19	10	2	1	1	1	16	8	2	31
Kildonan West	65	37	28	33	19	14	2	---	---	---	17	14	---	49
St. James	141	71	70	74	38	36	3	3	1	2	34	31	2	90
St. Vital	151	86	65	63	32	31	4	3	1	---	27	28	1	48



The total number of Births reported for the year 1937 was 12,928. This gives a rate of 18.03 per 1,000 population. These figures indicate a slight decrease compared with the previous year 1936 of 0.1 per 1,000.

The annual birth rate in 1921 was 30.3 per 1,000 population. There has been a steady decrease each year, with the exception of a very slight increase in 1928, until the lowest rate in 1937 is shown as 18.03. Thus a difference of 12.27 is indicated, or over 40 per cent. decrease in fifteen years.

Of the total number of confinements during 1937, i.e., 13,112, there were 12,954 single confinements, 158 twin confinements and 0 triple confinements. There resulted from these confinements 12,928 Living Births and 342 Stillbirths. There was an excess of living male births over female living births of 284, or 1,043 male to every 1,000 female births.

PLURAL AND SINGLE BIRTHS CLASSIFIED TO SHOW NUMBER OF CHILDREN BORN ALIVE AND STILLBORN, BY SEX, 1933 to 1937.

Classification of Births		Total	1934	1935	1936	1937
		1933				
Cases of Twins -----		175	154	184	179	158
Two males (both living) -----		54	55	57	54	47
One male and one female (both living) -----		57	48	62	57	51
Two females (both living) -----		47	39	48	53	42
One male living and one male stillborn -----		8	6	6	4	5
One male living and one female stillborn -----		1	1	2	2	---
One male stillborn and one female living -----		2	4	3	2	7
One female living and one female stillborn -----		1	---	4	7	5
Two males (both stillborn) -----		3	---	---	---	1
Two females (both stillborn) -----		1	1	1	---	---
One male stillborn and one female stillborn -----		1	---	1	---	---
Cases of Triplets -----		---	---	3	1	---
Three males (all living) -----		---	---	---	---	---
One male and two females (all living) -----		---	---	1	1	---
One male and one female and one stillborn female -----		---	---	---	---	---
Two, male and one female (all living) -----		---	---	2	---	---
Total multiple living births -----		No. 328	295	358	346	297
		M. 174	165	189	172	150
		F. 154	130	169	174	147
Total multiple stillbirths -----		No. 22	13	19	15	19
		M. 17	6	10	6	14
		F. 5	7	9	9	5
Total single stillbirths -----		No. 342	356	336	323	323
		M. 188	189	202	176	169
		F. 154	167	134	144	154
		Unknown -----	-----	-----	3	-----
Total single living births -----		No. 12,976	13,015	13,005	12,551	12,631
		M. 6,698	6,677	6,595	6,522	6,606
		F. 6,278	6,338	6,410	6,029	6,322
Total Confinements -----		13,493	13,525	13,509	13,054	13,112

(Total living births: 1933, 13,304; 1934, 13,310; 1935, 13,363; 1936, 12,897; 1937, 12,928)

**Births to Non-Resident Mothers and in Public Institutions:** Of the total of 12,928 living births in Manitoba during the year 1937, 141 were born to non-resident mothers, 127 of these mothers being confined in public institutions. The total number of living births in public institutions was 7,602, an increase of 539 over the year 1936.

**Births Classified as Born in Wedlock and to Parents who have not been Legally Married to each other:** The number of children born in wedlock was 12,437 (males 6,363, females 6,074), while 491 were born out of wedlock (males 243, females 248) or 3.8 per cent of the total living births.

In connection with the 491 children born out of wedlock, 396 mothers were Manitoba residents, 32 from other Provinces, and 63 were Indians.

TABLE XII.

MANITOBA—CHILDREN BORN OUT OF WEDLOCK— 1921-1937

Per Cent					Per Cent				
Year	Total	M.	F.	Live Births	Year	Total	M.	F.	Live Births'
1921	420	222	198	2.3	1929	518	272	246	3.6
1922	410	210	200	2.3	1930	556	283	273	3.8
1923	381	198	183	2.3	1931	529	263	266	3.7
1924	423	215	208	2.7	1932	519	287	232	3.7
1925	400	211	189	2.7	1933	503	262	241	3.8
1926	466	241	225	3.2	1934	512	243	269	3.8
1927	473	253	220	3.3	1935	506	257	249	3.8
1928	509	261	248	3.5	1936	514	255	259	4.0
					1937	491	243	248	3.8

The increased rate during the last decade should probably be accepted with reserve as the increase may in part be due to better registration facilities.

MARRIAGES

The total number of marriages reported in 1937 was 6,113, giving a rate of 8.5 per 1,000 population. These figures show an increase of 354 marriages compared with the previous year, 1936.

While the June rate is high, the most favorable months for Manitoba usually appear to be in the autumn months. October had the highest equivalent annual rate of 18.4, November, 14.5, September and June, 13.5 marriages per 1,000 population. The same preference appears only in the other Prairie Provinces. The remaining Provinces, and the Dominion as a whole, give the highest number in June, with September in second place. In the Prairie Provinces, it would appear probable that seeding and harvesting operations in the summer months would militate against the marriage rate for these periods.

TABLE XIII.

MARRIAGE RATES PER 1,000 POPULATION FOR MANITOBA AND OTHER PROVINCES

	1926-30	1931-35	1934	1935	1936	1937
Prince Edward Island	5.4	5.6	6.0	5.8	6.5	6.3
Nova Scotia	6.3	6.8	7.2	7.5	7.6	8.0
New Brunswick	7.4	6.5	7.2	7.5	7.8	8.3
Quebec	6.9	5.8	6.0	6.5	7.0	7.9
Ontario	7.8	6.8	7.1	7.3	7.5	8.1



	1926-30	1931-35	1934	1935	1936	1937
MANITOBA .....	7.5	7.1	7.4	7.5	8.1	8.5
Saskatchewan .....	7.0	6.1	5.9	6.5	6.6	6.2
Alberta .....	8.0	7.4	8.0	7.9	7.8	8.2
British Columbia .....	7.5	6.0	6.6	6.8	7.3	8.2
CANADA .....	7.3	6.4	6.8	7.0	7.3	7.9

DEATHS

The annual rates and Tables are given under four important groups: Infant Mortality, Maternal Mortality, Mortality according to certain specific causes and General Mortality, which include all causes and all ages.

In 1937 there were 6,112 deaths as compared with 6,270 in 1936, a decrease of 158 deaths. Ninety-six non-residents died in public institutions and elsewhere in the Province. Of this number, 75 persons, who were non-residents, died in our public institutions. The number of deaths which occurred in public institutions in 1937 was 2,553, compared with 2,536 in 1936, an increase of 17 or .7 per cent.

TABLE XVI.

INFANT MORTALITY—1933-1937  
(Exclusive of Stillbirths)

Equivalent Annual rate per 1,000 Live Births											
	1933		1934		1935		1936		1937		
	Total Deaths	Rate	Total Deaths	Rate	Total Deaths	Rate	Total Deaths	Rate	Total Deaths	Rate	
January -----	93	82.3	68	60.1	111	97.8	71	64.9	98	89.3	
February -----	99	97.0	53	51.9	87	84.9	66	64.4	100	97.4	
March -----	78	69.0	91	80.5	83	73.1	79	72.0	91	83.0	
April -----	64	58.5	68	62.1	82	74.8	78	73.6	67	63.0	
May -----	60	53.0	60	53.0	77	67.8	63	57.6	71	64.6	
June -----	72	65.9	43	39.5	65	59.1	57	53.8	56	52.7	
July -----	51	45.1	61	54.0	75	66.1	74	67.6	56	51.0	
August -----	44	38.9	51	45.1	48	42.3	66	60.3	69	64.9	
September -----	72	65.9	62	56.6	56	50.9	79	74.5	73	68.6	
October -----	75	66.4	53	46.9	59	51.9	78	71.2	83	75.5	
November -----	75	68.6	60	54.8	67	61.0	52	49.1	49	46.2	
December -----	61	54.0	64	56.6	60	52.8	65	59.4	53	48.5	
Rate per year.....	844	63.4	734	55.1	870	65.0	828	64.2	866	67.0	

TABLE XVIII.

INFANT MORTALITY (Under One Year of Age)  
DEATHS FROM CERTAIN CAUSES IN MANITOBA—YEARS 1935-1937  
Rates per 100,000 Living Births.

Cause of Death	1935		1936		Total 1937	
	Total	Rate	Total	Rate		
Epidemic, Endemic and						
Infectious Diseases .....	108	8.1	99	7.7	124	9.6
Bronchitis and Pneumonia .....	148	11.1	118	9.2	146	11.3
Gastro-Intestinal Diseases .....	96	7.2	116	9.0	88	6.8
Congenital Malformations .....	69	5.2	52	4.0	46	3.6
Congential Debility .....	67	5.0	69	5.4	63	4.9
Premature Birth .....	227	17.0	216	16.7	229	17.7
Injury at Birth .....	40	3.0	51	3.9	46	3.6
Other Diseases peculiar to						
Early Infancy, etc. ....	45	3.4	41	3.2	31	2.4

INFANT MORTALITY

In 1937 there were 38 more deaths of children under one year as compared with 1936. The proportion of infant deaths in 1937 at each age under one year, shows that 42.2 per cent. of the infants who died during the year failed to live one month and 34.3 per cent. lived for less than one week.

Infant Mortality by Sex. The figures by sex show, for the year 1937, 467 males and 399 females, or a rate for males of 71 per 1,000 live male births, and the rate for females was 63 per 1,000 live female births. The total male births for the year numbered 6,606, while the female births amounted to 6,322, the excess of males being thus 284; but if the infant deaths of the same year are deducted from the births of each sex to represent with reasonable accuracy the position at the end of the first year of life, the net advantage of males is reduced to 216.

Table 18 gives the deaths of children (exclusive of stillbirths) from certain specified causes in the first year of life. The eight causes with the largest number of deaths for 1937 are: Premature Birth 229, Bronchitis and Pneumonia 146, Epidemic, Endemic and Infectious Diseases 124, Gastro-Intestinal Diseases 88, Malformation 46, Injury at Birth 46, and Congenital Debility 63. Such causes account for over 85 per cent. of the total of 866 infant deaths for 1937.

Of the 1,136 children who died in Manitoba under 5 years of age, 866 were infants under one year of age. Of these infants, 24.8 per cent. of their mothers resided in Cities, Towns and Urban Municipalities with a population of 1,000 or over. Between one and four years of age, 21.5 per cent. of their mothers resided in Cities and Towns, and 78.5 per cent. in other parts of the Province, where medical attention and hospitalization were less available.

MANITOBA—INFANT MORTALITY, 1937.

Number of Deaths, According to Residence of Mother

Cities:

Brandon .....	6	St. Boniface .....	13
Portage la Prairie .....	9	Winnipeg .....	131

Suburbs:

Fort Garry .....	3	West Kildonan .....	2
East Kildonan .....	3	St. James .....	6
North Kildonan .....	3	St. Vital .....	7
Old Kildonan .....	0		

Towns:

Beausejour .....	3	Oak Lake .....	1
Carman .....	5	Russell .....	2
Dauphin .....	6	Selkirk .....	2
Deloraine .....	1	Stonewall .....	2
Grandview .....	1	The Pas .....	10
Hartney .....	1	Transcona .....	1
Melita .....	1	Virden .....	1
Minnedosa .....	2	Winnipeg Beach .....	1
Morris .....	3		

Villages:

Brooklands .....	3	Roblin .....	1
Garson .....	1	Winkler .....	1
Manitou .....	1	Winnipeg .....	2
Plum Coulee .....	1		



**Municipalities:**

Archie .....	1	Lac du Bonnet .....	2	Rosedale .....	5
Argyle .....	3	Lakeview .....	1	Rosburn .....	5
Bifrost .....	3	Langford .....	1	Russell .....	1
Birtle .....	1	Lansdowne .....	1	Saskatchewan .....	1
Blanshard .....	2	Lawrence .....	3	Shellmouth .....	1
Boulton .....	7	Lorne .....	7	Shell River .....	4
Brenda .....	2	Louise .....	5	Shoal Lake .....	3
Brokenhead .....	12	Macdonald .....	7	Siglunes .....	1
Cameron .....	1	McCreary .....	3	Silver Creek .....	7
Cartier .....	6	Miniota .....	1	Springfield .....	6
Charleswood .....	1	Minitonas .....	6	Stanley .....	7
Clanwillian .....	1	Minto .....	2	Strathclair .....	4
Coldwell .....	2	Montcalm .....	4	Swan River .....	7
Daly .....	1	Morris .....	8	St. Andrews .....	9
Dauphin .....	6	Mossey River .....	5	Ste. Anne .....	12
De Salaberry .....	7	North Norfolk .....	4	St. Clements .....	6
Dufferin .....	2	South Norfolk .....	3	St. Francois Xavier .....	1
Edward .....	2	Oakland .....	2	St. Paul East .....	1
Ellice .....	3	Ochre River .....	2	Ste. Rose .....	4
Elton .....	2	Odanah .....	2	Tache .....	7
Ericksdale .....	3	Pembina .....	1	Thompson .....	2
Ethelbert .....	8	Piney .....	3	Turtle Mountain .....	3
Franklin .....	7	Pipestone .....	2	Victoria .....	1
Gilbert Plains .....	7	Portage la Prairie .....	10	Victoria Beach .....	1
Glenella .....	3	Rhineland .....	14	Westbourne .....	4
Grandview .....	6	Ritchot .....	3	Whitemouth .....	3
Grey .....	7	Riverside .....	1	Woodlands .....	3
Hanover .....	22	Roblin .....	2	Woodlea .....	3
Harrison .....	2	Rockwood .....	6	St. Laurent .....	10
La Broquerie .....	2	Roland .....	1	Prov. of Saskatchewan .....	6
Unorganized .....	98	Prov. of Ontario .....	1		

Total - - 707

**Indians:**

On and off Reserves .....	158
Prov. of Saskatchewan .....	1

159

**MATERNAL MORTALITY**

The figures for 1937, compiled from the "Official Notices of Death," and a questionnaire sent to all physicians recording maternal deaths, are of interest.

The deaths of women from puerperal causes during the year 1937, numbered 55, giving a rate of 4.25 per 1,000 living births. Compared with the previous year, 1936, when the number of deaths was 73, a decrease of 18 deaths.

In view of the rate for maternal mortality having been calculated on living births, it is clear that many deaths from puerperal causes are associated with stillbirths and miscarriages. The total number of living births in 1937 was 12,928. The maternal deaths associated with these totalled 14, giving a rate of 1.08 per 1,000 live births. The total number of stillbirths was 355; the maternal deaths associated with these numbered 30, giving a rate of 84.5 per 1,000 live births.

Living Births .....	12,928	Maternal Deaths .....	14	Rate 1.08 per 1,000 live births
Stillbirths, etc. ....	355	Maternal Deaths .....	30	Rate 84.5 per 1,000 stillbirths

There were 6 Associate cases, not classified to puerperal or childbearing but returned as associated therewith.

TABLE XIX.

NOT CLASSIFIED TO PUERPERAL OR CHILDBEARING BUT RETURNED  
AS ASSOCIATED THEREWITH, 1937

Int. List.	Cause	No. of Cases	15-19	20-24	25-29	30-39
8	Scarlet Fever .....	1	1	---	---	---
23	Tuberculosis .....	2	---	1	1	---
108	Pneumonia .....	2	---	1	---	1
139 A	Ruptured Ectopic (tubal) .....	1	---	---	1	---
Totals .....		6	1	2	2	1

TABLE XX.

MATERNAL MORTALITY—YEAR 1937.

Int. List No.		No. of Cases	— Age Groups —				40 and Over
			15-19	20-24	25-29	30-39	
140 A	Abortion—septic .....	8	--	2	3	3	--
B	Abortion—self induced .....	1	--	1	--	--	--
141 A	Abortion—non-septic .....	9	1	1	4	2	1
143	Other accidents of pregnancy .....	3	--	--	1	2	--
144 A	Puerperal haemorrhage (Placenta Praevia) .....	4	--	--	1	2	1
B	Other .....	4	--	--	1	3	--
145 A	Puerperal septicaemia or pyaemia .....	4	--	--	2	1	1
146	Puerperal albuminuria and eclampsia....	8	4	1	1	2	--
147	Other toxaeemias of pregnancy .....	2	--	--	--	2	--
148 A	Puerperal Phlegmasia albo dolens and Thrombosis .....	1	--	--	--	1	--
B	Puerperal embolism .....	5	--	1	1	2	1
C	Sudden death .....	1	--	--	--	1	--
149 A	Other accidents of childbirth— Caesarean section .....	2	--	--	--	1	1
B	Dystocia .....	1	--	--	--	--	1
150 B	Other unspecified conditions .....	2	--	1	--	1	--
		55	5	7	14	23	6

MANITOBA—MATERIAL MORTALITY—1933-1937.

Number of Deaths, According to Residence of Deceased

Cities:										
	1933	1934	1935	1936	1937		1933	1934	1935	1936 1937
Brandon .....	0	1	1	1	0	St. Boniface .....	1	0	3	2 0
Portage la Prairie..	0	0	1	0	1	Winnipeg .....	12	16	12	17 17
Towns and Villages:										
Beausejour .....	0	1	0	0	0	Morden .....	0	0	0	0 1
Elkhorn .....	1	0	0	0	0	Stonewall .....	0	0	0	1 1
Flin Flon .....	0	0	0	1	0	The Pas .....	0	0	0	1 0
Gilbert Plains .....	0	0	0	1	0	Virden .....	0	0	0	1 0



	1933	1934	1935	1936	1937		1933	1934	1935	1936	1937
Gladstone	0	0	1	0	0	Winkler	1	0	0	0	0
Minnedosa	0	1	0	0	0	Winnipeg Beach	0	1	0	1	0
Suburban:											
West Kildonan	1	0	0	1	1	Brooklands	0	1	0	0	0
Fort Garry	0	0	0	0	1	St. James	0	0	0	1	0
Municipalities:											
Argyle	0	1	0	0	1	Gimli	0	1	0	0	0
Armstrong	0	0	1	1	0	Glenella	1	0	0	0	0
Birch River	0	1	0	1	0	Grandview	0	0	0	0	1
Blanshard	0	1	0	0	0	Grey	1	0	0	0	1
Brokenhead	0	1	0	0	0	Hamiota	0	1	0	0	1
Cartier	1	1	3	2	0	Hanover	1	0	0	1	0
Chatfield	1	0	0	0	0	Harrison	0	1	0	1	0
Clanwillam	0	0	0	1	0	Hillsburg	1	0	0	1	0
Coldwell	0	0	0	0	2	Kreuzburg	0	0	0	1	0
Cypress, North	0	0	1	1	1	La Broquerie	1	0	0	0	0
Daly	0	0	1	0	0	Lakeview	1	0	0	0	1
De Salaberry	0	0	0	2	1	Langford	1	0	1	0	0
Ellice	1	0	1	0	0	Lansdowne	0	0	1	0	0
Ethelbert	1	0	1	0	0	Lawrence	1	0	0	0	0
Fisher Branch	0	0	1	0	0	Lorne	2	1	0	1	0
Franklin	0	0	0	0	1	Louise	0	0	1	0	1
Gilbert Plains	0	0	0	1	0	Minitonas	0	0	0	1	0
Montcalm	3	1	0	0	0	St. Clements	2	0	0	0	0
Morris	0	0	1	0	1	Shell River	0	1	0	0	0
Norfolk, North	1	0	0	0	0	Shoal Lake	2	2	0	0	0
Ochre River	0	0	0	1	0	Siglunes	0	0	2	0	0
Pembina	0	0	1	0	0	Silver Creek	0	0	0	1	0
Piney	1	0	0	0	0	Sprague	0	0	1	0	0
Pipestone	0	0	1	0	1	Stanley	0	1	0	0	0
Portage la Prairie	0	0	0	1	0	Strathclair	0	0	0	0	1
Rhineland	1	1	1	2	1	Swan River	1	0	1	0	0
Rivers	1	0	0	0	0	Thompson	0	1	0	0	0
Riverside	0	0	0	1	0	Tache	0	0	2	0	0
Rockwood	1	0	2	1	0	Wallace	1	0	0	0	0
Rossburn	0	0	1	0	0	Whitemouth	1	0	0	0	1
Saskatchewan	1	1	1	0	0	Woodlands	0	1	0	1	1
St. Andrews	1	1	1	0	0	Woodlea	0	0	0	0	1
Ste. Anne	0	0	0	1	0	Woodworth	0	0	0	0	1
Unorganized	1	2	3	3	6	Prov. of Sask.	0	3	1	1	1
U. S. A.	0	1	0	0	0	Prov. of Ont.	0	0	0	1	2
Indians on or off											
Reserves	6	5	3	10	6						
						Total—54	1933				
						Total—51	1934				
						Total—51	1935				
						Total—73	1936				
						Total—55	1937				

TABLE XXIII.

MANITOBA—MATERNAL MORTALITY BY AGE GROUPS, 1922-1937

Age Groups	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
						M. A.	M. A.	M. A.	M. A.	M. A.	M. A.	M. A.	M. A.	M. A.	M. A.	M. A.
15-19	4	3	7	4	3	1	5	1	4	2	4	2	2	1	8	5
20-24	8	11	15	19	23	5	13	2	16	6	9	7	1	13	12	7
25-29	30	12	21	16	14	24	12	2	10	3	20	17	2	16	18	14
30-39	43	40	34	41	39	34	27	4	29	6	27	19	3	20	28	23
40 and over	14	10	9	15	8	8	13	1	13	3	6	9	--	5	7	6
Total	99	76	86	95	87	72	70	10	72	20	66	54	6	55	73	55

Note: M. Maternal Deaths. A. Not classed to pregnancy or child-bearing, but returned as associated therewith.

TABLE XXIV.

CANADA—MATERNAL MORTALITY RATES, BY PROVINCES, RATE PER 1,000 LIVING BIRTHS, 1922-1937, O.F.R.

PROVINCE	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
MANITOBA	5.6	4.6	5.6	6.4	5.9	5.1	4.9	6.3	5.0	4.6	4.6	4.0	3.8	4.1	5.4	4.3
Saskatchewan	5.7	5.6	6.7	5.7	7.1	5.4	5.8	6.2	5.1	4.4	4.9	4.6	4.4	4.1	4.5	4.6
Alberta	6.9	5.6	6.2	5.8	5.9	6.4	6.8	7.3	6.5	5.0	3.8	4.5	5.0	4.3	5.8	4.9
British Columbia	6.2	6.3	6.8	5.8	6.5	6.7	5.7	5.6	5.8	6.3	5.3	4.6	5.1	5.2	4.8	4.5
Ontario	5.2	5.3	5.8	5.5	5.6	6.0	5.8	5.4	6.2	5.4	5.1	5.4	5.6	5.0	5.7	5.2
New Brunswick	5.1	4.6	4.6	4.7	6.4	6.2	5.7	7.1	5.5	5.6	5.8	6.1	5.1	4.6	6.6	3.7
Nova Scotia	5.5	7.2	6.6	5.4	4.6	6.8	5.2	4.2	6.7	4.7	4.5	4.4	6.2	5.3	4.4	2.7
Prince Edward Island	3.7	2.5	4.8	8.4	4.6	2.4	6.1	7.8	2.9	6.9	6.4	4.1	5.1	4.0	5.6	5.8
Quebec	---	---	---	---	5.2	4.9	5.3	5.3	5.5	4.8	5.1	5.0	5.5	5.4	6.0	5.2
CANADA	5.5	5.4	6.0	5.6	5.9	5.6	5.6	5.7	5.8	5.1	5.0	5.0	5.3	4.9	5.6	4.9



TABLE XXV.

CANCER MORTALITY, 1932-1937.

Rate per 100,000 Population, by Site \

	1932	1933	1934	1935	1936	1937	
						No. of Deaths	Rate
Bucal Cavity .....	2.8	3.7	2.1	3.9	3.5	35	4.9
Digestive Tract, peritoneum, etc.....	52.6	49.9	52.2	56.6	56.5	359	50.1
Uterus and Female Gen. Organs.....	6.8	10.3	9.6	10.4	9.4	68	9.5
Breast .....	5.6	7.3	7.8	9.0	7.7	61	8.5
Skin .....	0.7	1.2	1.0	2.4	1.3	13	1.8
Respiratory System .....	4.4	4.8	5.0	6.2	8.2	39	5.4
Genito-Urinary Male Organs .....	7.3	8.7	7.0	9.3	7.6	72	10.0
Bones and Joints .....	0.6	1.1	0.7	2.4	1.0	7	1.0
Other Organs, etc. ....	10.4	7.0	7.3	9.4	12.0	79	11.0
Death Rate for all Forms per 100,000 population .....	92.8	94.8	92.7	109.6	107.2	733	102.2

TABLE XXVI.

INFLUENZA MORTALITY—1934-37

Rate per 100,000 population

	No. of Deaths			
	1934	1935	1936	1937
January .....	10	15	68	41
February .....	10	4	53	100
March .....	6	7	31	49
April .....	12	10	17	22
May .....	13	8	12	5
June .....	6	---	7	2
July .....	3	2	3	1
August .....	4	1	2	4
September .....	4	4	6	5
October .....	4	8	8	11
November .....	4	5	6	2
December .....	2	12	10	8
	78	76	223	250
Rate .....	10.7	10.7	31.4	34.9

TABLE XXVII.

PNEUMONIA DEATHS BY MONTHS—

1934-37.

	Rate per 100,000 population (I. L. 107-8)			
	No. of Deaths			
	1934	1935	1936	1937
	No. of Deaths	No. of Deaths	No. of Deaths	No. of Deaths
January .....	46	63	44	71
February .....	28	43	60	56
March .....	38	36	54	49
April .....	26	33	34	27
May .....	36	30	48	37
June .....	17	36	25	34
July .....	25	28	31	8
August .....	10	10	21	16
September .....	15	29	31	19
October .....	41	28	43	31
November .....	37	44	39	25
December .....	41	35	43	38
	360	415	473	411
Annual Rate .....	50.3	56.4	66.5	57.4

TABLE XXIX.

CERTAIN DEATH RATES PER 100,000 POPULATION, MANITOBA, 1932-1937

Certain Causes of Death	1922 Rate	1923 Rate	1924 Rate	1925 Rate	1926 Rate	1927 Rate	1928 Rate	1929 Rate	1930 Rate	1931 Rate	1932 Rate	1933 Rate	1934 Rate	1935 Rate	1936 Rate	1937 Rate
Communicable:																
Typhoid -----	5.1	4.8	3.5	3.6	4.2	3.9	3.2	4.0	1.8	2.1	1.8	2.3	2.2	1.7	2.1	1.4
Measles -----	7.3	5.7	4.6	4.4	8.7	3.1	1.4	4.9	1.6	1.0	.6	.4	2.8	5.9	8.7	1.8
Scarlet Fever -----	6.1	4.2	2.9	3.3	5.2	2.5	2.0	3.3	1.5	1.1	1.4	.6	.8	.7	1.7	1.3
Whooping Cough -----	6.9	8.4	7.3	8.7	7.8	3.9	4.1	6.6	8.4	1.0	1.8	4.6	9.6	6.3	1.7	5.7
Diphtheria -----	23.9	19.4	15.6	15.8	14.4	13.6	8.5	8.8	5.6	6.5	3.7	3.0	3.9	2.4	2.1	1.4
Influenza -----	29.2	29.0	18.0	36.8	26.3	41.0	22.6	33.3	12.7	16.9	10.0	37.3	6.9	10.7	31.4	34.9
Poliomyelitis -----	.6	.5	1.3	.8	.3	.8	6.5	1.9	.9	.3	.3	.7	.4	1.0	4.9	1.4
Encephalitis -----	2.1	1.4	2.5	1.1	2.0	2.9	2.3	1.6	1.5	1.9	1.6	1.5	.7	1.3	2.0	.7
Cerebrospinal Meningitis -----	1.6	9.1	2.1	2.7	2.7	2.0	2.4	2.1	1.6	1.6	2.0	1.1	.8	.4	---	.3
Tuberculosis (Respiratory) -----	49.0	51.0	48.5	50.6	48.5	46.8	46.2	51.4	52.4	50.1	47.1	48.2	45.5	51.5	46.1	45.1
Tuberculosis (other) -----	11.0	14.3	13.2	10.0	12.0	10.2	14.6	12.1	13.0	10.6	10.7	10.2	10.1	11.1	14.1	15.3
Cancer -----	75.7	66.7	73.8	70.6	72.7	76.7	78.7	88.0	85.8	83.4	92.8	94.8	92.7	109.6	107.2	102.6
Alcoholism -----	.5	1.4	2.2	1.4	2.3	3.7	2.9	2.1	.6	1.4	.9	.6	1.1	1.3	2.3	2.0
Meningitis -----	3.8	3.5	4.1	3.2	5.2	3.9	4.8	3.4	4.0	2.9	3.7	2.1	2.5	2.7	3.9	2.8
Cerebral Haemorrhage -----	30.0	20.9	22.4	23.9	26.5	23.4	25.0	44.7	41.7	34.5	23.8	19.7	14.4	17.6	16.5	13.8
Diseases of Circulatory																
System -----	99.2	110.2	110.6	107.8	112.4	128.3	140.6	129.6	142.6	138.2						
Heart Diseases -----											113.8	109.5	111.5	115.5	111.0	110.3
Arteriosclerosis -----											39.2	40.0	45.0	57.4	70.4	76.7
Pneumonia -----	89.5	84.0	81.8	79.5	80.3	74.0	64.8	88.4	68.6	57.0	50.0	52.1	50.3	58.4	66.5	57.4
Diarrhoea and Enteritis -----	83.1	40.4	24.7	41.7	27.5	24.0	23.0	19.5	32.5	22.7	23.6	18.0	15.8	15.5	19.4	18.7
Appendicitis -----	14.2	11.8	14.1	14.7	12.7	13.9	12.2	11.4	11.2	11.1	9.2	12.1	10.0	10.0	10.5	9.8
Hernia and Intestinal																
Obstruction -----	7.5	8.6	9.4	11.1	8.5	9.1	10.0	11.7	13.1	10.1	7.1	9.7	11.2	9.8	8.2	9.6
Cirrhosis of Liver																
(not alcoholic) -----	1.1	1.9	2.4	1.9	2.0	2.2	2.4	1.9	1.9	1.9	1.7	2.4	2.5	3.2	2.3	1.3
Cirrhosis of Liver																
(alcoholic) -----	.0	.0	.0	.0	.0	.0	.15	.0	.0	.0	.3	.1	.3	.0	.3	.1
Nephritis, Acute and Chronic	28.6	24.7	28.6	29.8	28.8	25.0	30.9	28.3	24.1	23.9	24.7	31.1	32.2	30.9	38.2	31.5
Puerperal Deaths -----	15.8	12.1	13.7	15.0	13.6	11.1	10.6	13.5	10.8	9.6	9.3	7.6	7.2	7.7	10.3	7.7
Congenital Malformations																
and early infancy -----	56.0	48.2	35.2	34.2	36.3	32.3	31.3	29.6	30.3	32.1	26.4	22.3	24.0	27.9	24.5	20.9
External Causes -----	53.9	55.2	48.0	57.0	52.3	52.0	60.5	69.8	65.8	53.1	54.7	51.8	52.6	54.0	56.1	38.8



TABLE XXX.  
CERTAIN CAUSES OF DEATHS OF INDIANS, 1934-1937

	1934	1935	1936	1937		1934	1935	1936	1937
Typhoid -----	3	0	1	1	Lobar Pneumonia -----	3	11	8	21
Measles -----	3	17	17	..	Pneumonia (not specified) -----	16	10	10	19
Whooping Cough -----	51	20	2	8	Other Diseases of Respiratory System -----	1	0	5	2
Diphtheria -----	1	1	0	2	Diseases of Digestive System -----	26	16	21	37
Influenza -----	6	3	24	58	Nephritis -----	2	5	5	7
Cerebrospinal Meningitis -----	1	1	0	..	Puerperal -----	5	3	10	7
T.B. of Respiratory System -----	118	126	127	134	Congenital Malformations -----	7	1	2	2
T.B. of Meninges -----	11	5	11	18	Congenital Debility -----	14	17	20	30
T.B. of Intestines -----	4	6	5	8	Premature Birth -----	8	6	8	9
T.B. of Other organs, etc. -----	6	5	6	5	Injury at Birth -----	3	5	5	4
Disseminated Tuberculosis -----	4	4	5	5	Other diseases of early infancy -----	6	4	3	1
Syphilis -----	..	2	2	2	Senility -----	8	10	14	11
Cancer -----	9	5	1	4	Accidental poisoning -----	2	1	1	..
Bronchitis -----	8	6	8	4	Accidental drowning -----	4	2	3	3
Diseases of Nervous System -----	24	18	29	11	Other accidents -----	13	5	6	8
Diseases of Circulatory System -----	11	12	10	11	Cause of death not specified or ill-defined -----	3	4	3	7
Broncho-Pneumonia -----	20	27	30	33					

While the general tables and text include Indians, the following may be submitted, in that the conditions of life among this part of our population are different, and our findings may call for different methods of approach to their problems. All registrations, Indian or otherwise, come direct through the Provincial Vital Statistics Division, and transcripts forwarded to the Dominion Bureau of Statistics. Indian registrations, however, are only available for Manitoba since 1929.

The Treaty Indian population for the year 1937 is estimated at 13,943 for Manitoba. While this figure is small, compared with the total population, the rates for certain diseases are adversely affected—in some Provinces more than others. Indians comprise little more than one per cent. of the total population of the nine provinces. However, in the four western Provinces, including Manitoba, the removal of figures for Indians lessens the rate for Tuberculosis, and in a lesser degree, Pneumonia and Influenza. It is submitted that statistics of Births, Marriages and Deaths for Indians are not considered as complete as for the other races. However, our Division Registrars are being urged to co-operate as far as possible under a heavy handicap, i.e., Indian customs, educational and economic difficulties, are dominant factors in the situation. Health conditions are particularly dependent upon economic factors.

The total number of births reported in 1937 was 629, (306 male and 323 female), an increase of 102 over the year 1936. Figures for the year 1936 show 411 deaths and 495 for the year 1937, an increase of 84. A natural increase in excess of births over deaths, for 1934 to 1937 of 350, 184, 116 and 134 respectively. There were 16 stillbirths or 2.5 per cent. of total Indian births, whereas there were 326 other stillbirths or 2.6 per cent. of total live births.

While the percentage of total living births for all children born out of wedlock is 3.8, the Indian rate would appear much higher; viz., 10.0 (63 births, 31 male and 32 female).

Infant Mortality is reflected by a comparison between 136 deaths in 1934, 110 in 1935, 116 in 1936, and 159 in 1937. These figures give a rate of 180, 212, 220 and 159 respectively, per 1,000 living births. Above is a Table of causes of death in accordance with the 1929 International List of Causes of Death.

Respectfully submitted,

A. P. PAGET,

Recorder of Vital Statistics.



CLINICS		
No. of Operating Days	265½	
No. of Clinicians	25	
No. of Schools Represented	91	
No. of Clinics held	65	
Sponsored by School Boards—Teachers or Official Trustees	37	
Sponsored by Women's Institutes — U.F.W.M. and other Ladies' Aids	28	
Total No. of Patients	4,279	
Operated on	3,319	
Examined only	960	
Total No. of Operations	11,296	
Extractions	5,399	
Fillings	5,010	
Treatments	565	
Prophylaxis	322	
Special cases referred	64	

# Report of the Travelling Dental Clinics Manitoba

January 1st 1937 to December 31st 1937

TOWN OR DISTRICT WHERE CLINIC HELD	No. of Schools	No. Operating Days	No. Children Examined	No. Children Operated on.	No. of Extractions	FILLINGS								Special Cases Referred for Special Treatments	CLINIC QUARTERS	CLINICIANS	UNDER WHOSE AUSPICES FOR ASSISTANCE
						Amalgam	Copper Amalgam	Copper Cement	Cement	Cement Base	Synthetic Porcelain	Silver Nitrate Treatments	Prophylaxis				
Amaranth	1	2	39	33	28	31	—	—	1	5	—	23	—	—	School Room	F. I. Livingston	*Women's Institute.
Arrow River	2	5	47	45	75	14	—	—	—	1	5	15	9	—	Hall	F. I. Livingstone and J. M. Williams	W.I.—Dept. of Health.
Balmoral	1	2	110	28	72	—	—	—	—	—	—	—	—	—	Private Home	H. A. Towe	W.I.—Dept. of Health.
Basswood	1	5	102	82	182	14	53	—	62	—	—	7	62	—	School Room	J. F. Brown	W.I.—Dept. of Health.
Beaconia	1	1	42	34	68	19	—	—	—	—	—	2	—	—	School Room	H. A. Towe	Teacher—Sch. Board—Dept. of Health.
Beulah	1	5	73	62	138	120	—	—	8	2	1	—	4	—	School Room	R. L. Miles	W.I.—Dept. of Health.
Beauty Park S.D.	1	2	22	21	8	12	26	—	—	20	—	—	—	—	Private Home	H. A. Trotter	Official Trustee—Dept. of Health.
Birch School	1	3	34	29	45	9	80	—	1	6	—	—	—	—	School Cottage	H. A. Trotter	Official Trustee—Dept. of Health.
Birchville School	1	6	48	38	77	38	27	—	1	15	—	—	—	—	School Cottage	H. A. Trotter and W. R. Morrison	Official Trustee—Dept. of Health.
Bowsman	1	3	116	83	79	53	—	6	—	—	—	—	—	—	School Room	J. W. Pickard	School Bd.—Dept. of Health.
Brodie S.D.	1	2	38	34	97	31	—	—	—	—	—	—	—	—	School Cottage	H. A. Towe	Teachers—Sch. Board—Dept. of Health.
Brooklands	2	22½	440	359	264	239	—	—	27	—	—	—	1	—	School Dental Clinic	H. A. Corman and A. V. Johnson	Local—Dept. of Health. (Jan. 1, 1937, to Nov. 30, 1937—financed jointly by Brooklands' Ladies' Aid and Winnipeg Kiwanis Club.)
Cardale	1	12	87	74	171	49	2	—	8	8	13	47	9	2	School Room	J. M. Williams and F. I. Livingston	School Board—Dept. of Health.
Chatfield	4	2	41	37	59	26	—	—	—	—	—	—	—	—	Boarding House	H. A. Towe	W.I.—Dept. of Health.
Decker	1	4	70	47	75	30	1	1	7	3	4	37	1	—	School Room	J. M. Williams and F. I. Livingston	W.I.—Sch. Bd.—Dept. of Health.
Edrans, S.D.	3	3	83	52	63	122	—	—	—	—	—	—	—	—	School Rooms	C. T. Boyd	W.I.—Dept. of Health.
Elphinstone	1	7	143	123	224	108	32	—	14	7	—	—	—	—	School Rooms	L. A. Stern	W.I.—Dept. of Health.
Emerado	1	2	26	26	48	38	1	—	2	—	—	—	—	—	School Rooms	C. S. Robertson	School Board—Dept. of Health.
Fletcher S.D.	1	1	48	38	104	21	—	—	6	—	—	—	4	—	School Rooms	F. R. King	School Board—Dept. of Health.
Gimli	2	11	165	133	77	203	70	—	42	21	—	7	5	—	Dental Office	A. B. Ingimundson	W.I.—Dept. of Health.
Grand Marais	1	2	52	50	155	12	—	1	—	—	—	—	—	—	School Cottage	H. A. Towe	Teachers—Dept. of Health.
Hamiota	1	10	125	123	297	58	9	—	5	10	2	96	3	15	School Room	J. M. Williams and F. I. Livingston	W.I.—Dept. of Health.
Hartney	1	11	133	97	108	189	10	—	6	—	15	11	11	—	Dental Office	C. H. McKenzie	W.I.—Dept. of Health.
Holy Lea S.D.	1	2	13	13	40	13	—	—	—	2	—	13	1	—	School Room	J. M. Williams and F. I. Livingston	School Board—Dept. of Health.
Kenton	1	3	72	40	112	20	3	—	6	1	—	18	—	—	School Room	J. M. Williams and F. I. Livingston	Sch. Bd.—W.I.—Dept. of Health.
Keys S.D.	4	4	60	54	93	118	—	—	6	—	6	—	—	—	School Room	C. T. Boyd	Women's Institute.
Kipling School	1	5	24	24	23	14	86	—	1	13	—	—	1	—	School Cottage	H. A. Trotter	Official Trustee—Dept. of Health.
Kirkella	1	2	37	29	47	31	—	—	1	—	—	—	6	—	School Room	H. R. Day	School Board—Dept. of Health.
Lavinia	1	4	52	40	50	20	1	—	3	3	—	23	2	—	School Room	J. M. Williams and F. I. Livingston	W.I.—Sch. Bd.—Dept. of Health.
Livingstone Dist.	4	3½	74	46	21	134	—	—	—	—	—	—	—	—	School Room	C. T. Boyd	Women's Institute.
Makaroff	1	2	30	20	22	59	5	—	—	10	—	—	—	—	School Room	G. A. Kerr	W.I.—Dept. of Health.
Manson	1	3	82	51	83	45	—	—	4	—	3	4	1	—	School Room	H. R. Day	U.F.W. Man.—Dept. of Health.
Marland S.D.	1	1	9	9	27	1	—	—	1	—	—	2	1	—	School Room	J. M. Williams and F. I. Livingston	School Board—Dept. of Health.
Marney S.D.	1	2	18	15	30	17	—	—	—	1	—	16	—	1	School Room	J. M. Williams and F. I. Livingston	School Board—Dept. of Health.
Medina S.D.	1	2	16	15	22	10	—	—	9	—	—	12	1	—	School Room	J. M. Williams and F. I. Livingston	School Board—Dept. of Health.
Milner Ridge S.D.	1	1	26	23	45	16	—	—	—	—	3	—	—	—	School Room	B. B. Claman	School Board—Dept. of Health.
Miniota	1	7	160	122	212	184	—	—	33	114	—	—	6	25	School Room	R. L. Miles	W.I.—Dept. of Health.
Morrانville S.D.	1	1	29	16	9	43	—	—	—	—	—	—	—	5	School Room	F. M. Betts	School Board—Dept. of Health.
McAuley	5	4	160	105	74	87	—	—	—	—	—	6	—	—	School Room	H. R. Day and J. W. Bradley	W.I.—Dept. of Health.
McMunn School	1	1½	28	15	13	9	—	—	—	—	—	—	1	—	School Cottage	W. R. Morrison	Official Trustee—Dept. of Health.
Oakner	1	10	68	68	149	53	—	—	7	11	6	55	8	—	School Room	J. M. Williams and F. I. Livingston	School Board—Dept. of Health.
Oak River	1	10	130	100	256	51	11	—	7	10	—	96	11	10	School Room	J. M. Williams and F. I. Livingston	School Board—Dept. of Health.
Ochre River	1	3	112	79	129	129	—	—	5	—	—	—	13	6	W. I. Hall	F. R. King	W.I.—Dept. of Health.
Old Dauphin S.D.	1	1	24	20	24	32	—	—	—	—	—	—	—	—	Dr. Bewell's Office	H. E. Bewell	Ladies' Club—Dept. of Health.
Onanole S.D.	1	4	58	53	111	13	70	—	47	—	—	10	13	—	School Room	J. F. Brown	U.F.W.M.—Dept. of Health.
Pinawa	1	1½	27	18	30	15	1	—	—	—	3	—	—	—	School Room	B. B. Claman	School Board—Dept. of Health.
Piney	5	6	131	101	187	127	8	—	—	—	—	—	—	—	School Room	C. S. Robertson	School Board—Dept. of Health.
Poplar Grove	1	2	17	13	11	15	—	—	6	2	—	15	2	—	School Room	J. M. Williams and F. I. Livingston	School Board—Dept. of Health.
Prince of Wales S.D.	1	4	53	43	93	24	34	—	23	—	—	—	49	—	School Room	J. F. Brown	School Board—Dept. of Health.
Reykjavik S.D.	1	1	12	8	7	9	—	—	—	—	—	9	1	—	School Room	F. I. Livingston	*Local.
Ridgeville	1	3½	52	43	58	60	2	4	—	—	—	—	—	—	School Room	C. S. Robertson	School Board—Dept. of Health.
Riverland S.D.	1	1	32	24	28	14	—	—	—	—	9	—	—	—	School Room	B. B. Claman	Ladies' Aid—Dept. of Health.
Roland	5	9	133	81	102	131	—	—	6	2	3	—	1	—	School Room	D. Black and A. V. Johnson	W.I.—Dept. of Health.
Rosa S.D.	1	½	16	14	32	25	—	—	—	—	—	—	—	—	School Room	F. R. King	School Board—Dept. of Health.
Scarth	1	2	17	17	46	30	—	—	10	—	—	—	—	—	Dental Office	J. W. Bradley and C. S. Strachan	Home Makers' Club.
Smalley S.D.	1	½	12	8	17	1	—	—	—	—	—	—	1	—	School Room	F. I. Livingston	*Women's Institute.
Solsgirth	1	6	61	49	100	33	—	—	4	15	—	31	6	—	School Room	A. W. Miles and F. I. Livingston	W.I.—Dept. of Health.
Spring Bank	1	3	39	35	57	50	2	—	3	—	—	—	—	—	School Room	C. S. Robertson	School Board—Dept. of Health.
Spruce Siding S.D.	1	1	5	5	8	—	23	—	—	—	—	—	—	—	School Cottage	H. A. Trotter	Official Trustee—Dept. of Health.
Strathclair	1	10	133	118	298	17	96	—	118	—	—	4	84	—	Rest Room	J. F. Brown and H. H. Smith	W.I.—Dept. of Health.
Tremhowla S.D.	1	1	44	30	42	31	—	—	—	—	—	—	—	—	School Room	F. R. King	School Board—Dept. of Health.
Wicklow S.D.	1	1	27	9	3	8	—	—	—	—	—	—	—	—	School Room	F. M. Betts	School Board—Dept. of Health.
White Bank Lea	1	2	17	16	48	5	—	—	—	—	—	6	3	—	School Room	J. M. Williams and F. I. Livingston	School Board—Dept. of Health.
Whitemouth River S.D.	1	6	38	38	55	16	156	1	1	33	—	—	—	—	School Cottage	H. A. Trotter	Official Trustee—Dept. of Health.
Zumek School	1	5	47	44	71	15	134	1	2	11	—	—	1	—	School Cottage	H. A. Trotter	Official Trustee—Dept. of Health.
TOTALS	91	265½	4,279	3,319	5,399	3,161	943	14	487	332	73	565	322	64			

\* Public Health Nurse on leave of absence.









